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
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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

Dan Sumrok, MD, DFASAM, ABAM, ABPM
Family Physician and Addiction Specialist
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Meryl Schulman
Program Officer
Center for Health Care Strategies

Jane Stevens
Founder and Publisher
ACEs Connection
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
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
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.**

- **Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults: The Adverse Childhood Experiences (ACE) Study.**
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
“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.
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?

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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

**Environment**
- Calm, safe, and empowering for patients, staff, and providers

**Inquiry**
- Screen for immediate safety (e.g., IPV).
- For past trauma: assume a history of trauma; screen for the impacts of past trauma; use open ended questions; and/or use a structured tool.

**Education**
- Describe the connection between trauma and health and opportunities for healing to all patients.

**Response**
- Express empathy; refer to trauma-informed onsite or community services that promote safety, connection, and healing.

**Foundation**
- Trauma-informed values; clinic champion(s); interdisciplinary team-based care; community partnerships; buy-in from organizational leadership; and training, supervision, and support for staff and providers.

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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 Lynnly 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**
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 Transformed, [http://traumatransformed.org](http://traumatransformed.org)

The Missouri Model: A Developmental Framework for Trauma-Informed
Question & Answer
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Thank You