Trauma & Adolescent Substance Use

Reducing Adolescent Substance Abuse Initiative
June 30th, 2015
Karen Johnson, MSW, LCSW
Got Questions?

The best way to ask a question is to use the question box in your GoToWebinar window.

We will have a brief Q&A session following the presentation.
Trauma & Adolescent Substance Use: Guest Presenter

• Karen Johnson, MSW, LCSW
• Director of Trauma-Informed Services
• National Council for Behavioral Health
• KarenJ@thenationalcouncil.org
Overview

• Overview of trauma
• Understanding ACES
• Trauma, the adolescent brain and addictions
• Trauma-informed care
We begin to ask, “What happened to you?” rather than “What is wrong with you?”

We have to ask, “What’s strong?” rather than “What’s wrong?”
What is Trauma?

Definition (SAMHSA Experts 2012) includes three key elements

*Individual trauma results from an event, series of events, or set of circumstances that is experienced by an individual as overwhelming or life-changing and that has profound effects on the individual’s psychological development or well-being, often involving a physiological, social, and/or spiritual impact.*
Types of Trauma

• Child maltreatment and complex trauma
• Serious accident or illness
• Victim/witness to domestic, community and school violence
• Natural disaster, war, terrorism, political violence
• Traumatic grief/separation, significant loss
• Historical and generational trauma
What Does Trauma Do?

Shapes our Beliefs

Worldview

Identity

Spirituality
Results in Vicious Loop
Prevalence

• In the general population, 61% of men and 51% of women reported exposure to at least one lifetime traumatic event, but majority reporting more than one traumatic event (Kessler, et al, 1995)

• 2012 numbers show that 59% of the general population has experience adverse childhood events
13 of every 30 students in a classroom will have toxic stress from **3 or more** Adverse Childhood Experiences (ACEs).

**Source:** Washington State Family Policy Council
Polling Question
Adverse Childhood Experiences Study

I have had training on the Adverse Childhood Experiences Study

• I have not had training about ACEs
• I have had some training about ACEs
• I know this work quite well
The ACEs Study

Mechanisms by Which Adverse Childhood Experiences Influence Health and Well-being Throughout the Lifespan
Adverse Childhood Experiences

1. Child physical abuse
2. Child sexual abuse
3. Child emotional abuse
4. Physical Neglect
5. Emotional Neglect
6. Mentally ill, depressed or suicidal person in the home
7. Drug addicted or alcoholic family member
8. Witnessing domestic violence against the mother
9. Loss of a parent to death or abandonment, including abandonment by divorce
10. Incarceration of any family member
Higher ACE Score Increases Smoking

6 of 100 people with 0 ACEs smoke

11 of 100 people with 3 ACEs smoke

17 of 100 people with 7 ACEs smoke
Childhood Experiences and Adult Alcoholism

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<th>ACE Score</th>
<th>% Alcoholic</th>
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(NATIONAL COUNCIL FOR BEHAVIORAL HEALTH)

MENTAL HEALTH FIRST AID

@NATIONALCOUNCIL
Life-Long Physical, Mental & Behavioral Health Outcomes Linked to ACEs

- Alcohol, tobacco & other drug addiction
- Auto-immune disease
- Chronic obstructive pulmonary disease & ischemic heart disease
- Depression, anxiety & other mental illness
- Diabetes
- Multiple divorces
- Fetal death
- High risk sexual activity, STDs & unintended pregnancy
- Intimate partner violence—perpetration & victimization
- Liver disease
- Lung cancer
- Obesity
- Self-regulation & anger management problems
- Skeletal fractures
- Suicide attempts
- Work problems—including absenteeism, productivity & on-the-job injury
Adverse Childhood Experiences

The #1 Chronic Health Epidemic in the United States

“The impact of ACEs can now only be ignored as a matter of conscious choice. With this information comes the responsibility to use it”

(Anda and Brown, CDC)

ACE Study DVD from Academy on Violence and Abuse
Adolescents, trauma and addictions

• Teens who have experienced physical or sexual abuse/assault were three times more likely to report past or current substance abuse than those without a history of trauma

• In survey of adolescents in treatment for substance abuse, more than 70% had a history of trauma exposure

National Child Traumatic Stress Network

Fact sheet: Making the Connection: Trauma and Substance Abuse
Traumatic stress and substance abuse

Trauma is a risk factor for substance abuse

Substance abuse is a risk factor for trauma
Therefore, we need to exercise...
The Amazing Brain
Brain Development

- Cortex
- Limbic
- Diencephalon
- Cerebellum
- Brainstem

Cognition (Abstract & Reflective)
Cognition (Concrete)
Affiliation
Attachment
Reward
Sexual Behavior
Emotional Reactivity
Motor Regulation
Arousal
Appetite/Satiety
Sleep
Blood Pressure
Heart Rate
Body Temperature
Survival Mode Response

Inability to

• Respond
• Learn
• Process

STRESS
Addiction and the Brain

As Gabor Mate notes in his book, *In the Realm of Hungry Ghosts*,
substance addicts “self-medicate to sooth their emotional pain – but more than that, their brain development was sabotaged by their traumatic experiences.”

Adolescent Brain is a Work in Progress

• Functioning, wiring and capacity are all different in adolescents than in the adult brain
• Teens don’t have the same tolerance for stress
• New connections between brain areas are being built
• Connectivity to and from the frontal lobes is the most complex and is the last to fully mature

Adolescent Brain

• Flexibility, growth, and exuberance of the teenage brain allow for tremendous learning

• “Open” and excitable brain also can be adversely affected by stress, drugs, chemical substances, and any number of changes in the environment

• Influences can result in problems that are dramatically more serious for teens than adults

• Dopamine, or reward neurotransmitter, is increased during adolescence
Trauma-Informed Approaches

Systems of care need to be trauma-informed. This includes all systems and organizations, their work force, regulatory bodies and funders.
Principles of a Trauma-Informed Approach

(Fallot 2008, SAMHSA, 2012)
If you have never felt safe or remembered safety, how will you know it when it is present?
Trustworthiness and Transparency
Collaboration and Mutuality
Empowerment

Today you are **YOU**, that is **TRUER** than true. There is **NO ONE** alive who is **YOUER** than **YOU**!

~ Dr. Seuss

“Be who you are and say what you feel because those who mind don’t matter and those who matter don’t mind.”

—DR. SEUSS
Voice and Choice
Trauma Informed Services

“Takes into account an understanding of trauma in all aspects of service delivery and places priority on the person’s safety, choice and control”

Harris and Fallot
The 7 Domains of Trauma-Informed Care

- **Domain 1**: Early Screening & Comprehensive Assessment of Trauma
- **Domain 2**: Consumer Driven Care & Services
- **Domain 3**: Trauma-Informed, Educated & Responsive Workforce
- **Domain 4**: Trauma-Informed, Evidence-Based and Emerging Best Practices
- **Domain 5**: Safe and Secure Environment
- **Domain 6**: Community Outreach and Partnership Building
- **Domain 7**: Ongoing Performance Improvement
Domain 1
Early Screening and Comprehensive Assessment

Develop a respectful screening and assessment process

- Routine
- Competently done
- Culturally relevant
- Sensitive
Screening and Assessment Tools for Traumatic Stress and Substance Abuse

- **POSIT** – Problem Oriented Screening Instrument for Teenagers
- **CPSS** – Child Posttraumatic Stress Disorder
  Symptom Scale
- **Adquest** – Adolescent Intake Questionnaire
- **CANS – TEA** – Child and Adolescent Needs and Strengths-
  Trauma Exposure and Adaptation Version
- **TSCC** – Trauma Symptom Checklist for Children

*The National Child Traumatic Stress Network – www.NCTSN.org*
Involve and engage people who are or have been recipients of our services to
• function in numerous roles
• meaningfully participate in planning, implementation and evaluation
Domain 3
Trauma-Informed, Educated and Responsive Workforce

Increase awareness, knowledge, skills of the entire workforce to deliver services that are Effective, Efficient, Timely, Respectful, Person-centered.

Implement policies, practices and procedures that build and sustain a trauma-informed work force.
Domain 4
Trauma-Informed, Evidence Based and Emerging Best Practices

Increase awareness, knowledge and skills of the *clinical and peer workforce*
to deliver research informed treatment services that address effects associated with trauma and *honor* the core principles of trauma-informed care

- Seeking Safety
- TST-SA
- TFCBT
- WRAP
- MI
- CBITS

- Co-occurring
- Shared decision making
- Person-centered
- Family focused
Domain 5
Safe and Secure Environments

Create Environments that are

- Safe
- Trusting
- Healing
Signage, Rules, Security

**RULES!**
1. You **SHALL**!
2. You **WILL**!
3. You **MUST**!
Domain 6
Community Outreach and Partnership Building

We assume a leadership role in educating and engaging partners

Legislators and policy advisors
Child welfare
Corrections
Courts
Public health
Emergency care
Domestic violence services
Treatment services
Consumer run services
Home visiting programs
Parenting programs

Food pantries
Housing services
Faith based organizations
Schools
Early childhood programs
Child care
Community centers
Public health
Veterans organizations
Senior services
And many more....
Domain 7
Ongoing Performance Improvement

Data related to each domain is *tracked, analyzed* and *used* to address challenges and/or reinforce progress.
Working with Youth Involves Building Relationships
“Ultimately, what determines how children survive trauma, physically, emotionally or psychologically, is whether the people around them – particularly the adults they should be able to trust and rely upon, stand by them with love, support and encouragement. “

*Dr. Bruce Perry, “The Boy Who Was Raised as a Dog”*

The same applies to adults!
Resources

**Lisa Najavits** - *Seeking Safety*

**Gabor Mate**, *In the Realms of Hungry Ghosts*
Specifically Chapter 18 – Trauma, Stress and the Biology of Addiction

**National Child Traumatic Stress Network**
Fact sheet: Making the Connection: Trauma and Substance Abuse

Fact sheet: *Treatment for Youth with Traumatic Stress and Substance Abuse Problems*
Contact Information

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Next Steps & Activities

• Next Round of Reports due **July 15**
• In-person Meetings (Sept/Oct/Nov 2015)
• *SBIRT Scoop*
• Individual TA
• Future webinars:
  – *Financing SBIRT Under Health Homes* (July 14, 2015)
  – *BI Fidelity webinar* (July 28, 2015)
  – *Topic TBD* (August 2015)
Got Questions?

Please type your questions into the question box and we will address them.