

# Making the Connection: Addressing Substance Use in Times of Trauma

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Rehabilitation and Recovery Academy

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# Learning Objectives

1. Describe three primary areas of trauma informed care: safety, collaboration, and empowerment
2. List motivational interviewing skills and techniques that are helpful in providing trauma-informed care
3. Describe how these skills and techniques can be applied in PROS programs and CORE services

# Impact of COVID-19

- Mental health symptoms, substance use, and suicidal ideation all increased during the COVID-19 pandemic (Czeisler et al, 2020; 2021).
- People also experienced significant trauma such as: traumatic grief, and bereavement in people who have lost loved ones, loss of roles and identity, and social divisions related to economic shutdown (Masiero et al., 2020)

Czeisler, M. É., Lane, R. I., Petrosky, E., Wiley, J. F., Christensen, A., Njai, R., Weaver, M. D., Robbins, R., Facer-Childs, E. R., Barger, L. K., Czeisler, C. A., Howard, M. E., & Rajaratnam, S. M. W. (2020). Mental Health, Substance Use, and Suicidal Ideation During the COVID-19 Pandemic—United States, June 24–30, 2020. *MMWR. Morbidity and Mortality Weekly Report*, 69(32), 1049–1057. <https://doi.org/10.15585/mmwr.mm6932a1>

Czeisler, M. É., Lane, R. I., Wiley, J. F., Czeisler, C. A., Howard, M. E., & Rajaratnam, S. M. W. (2021). Follow-up Survey of US Adult Reports of Mental Health, Substance Use, and Suicidal Ideation During the COVID-19 Pandemic, September 2020. *JAMA Network Open*, 4(2), e2037665. <https://doi.org/10.1001/jamanetworkopen.2020.37665>

Masiero M, Mazzocco K, Harnois C, Cropley M, Pravettoni G. From individual to social trauma: sources of everyday trauma in Italy, the US and UK during the COVID-19 pandemic. *Journal of Trauma & Dissociation*. 2020 Oct 19;21(5):513-9.



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# Trauma - Defined

- Individual trauma results from an **event**, series of events, or set of circumstances, that is **experienced** by an individual as physically or emotionally harmful or life threatening and has lasting adverse **effects** on the individual's functioning and mental, physical, social, emotional, or spiritual well-being

TIP 57: Trauma-Informed Care in Behavioral Health Services (2014)

# Trauma Among People in Dual Recovery

- In public behavioral health, it is estimated that over 90% of clients have experienced trauma (NCBH, 2011)
- Over half of women seeking treatment for mental health conditions and up to 57% of women seeking treatment for substance use have experienced intimate partner violence (Mason & O'rinn, 2014).
- PTSD has been found to be significantly higher among those with SMI (30%) than without (7%) (Mauritz et al, 2013)

National Council for Community Behavioral Healthcare. National Council Magazine. Breaking the Silence: Trauma-informed Behavioral Healthcare. 2011.  
<https://www.thenationalcouncil.org/magazine-issues/trauma-informed-behavioral-healthcare/> (downloaded November 16, 2021)

Mason R, O'rinn SE. Co-occurring intimate partner violence, mental health, and substance use problems: a scoping review. Global health action. 2014 Dec 1;7(1):24815.

Mauritz MW, Goossens PJ, Draijer N, Van Achterberg T. Prevalence of interpersonal trauma exposure and trauma-related disorders in severe mental illness. European journal of psychotraumatology. 2013 Dec 1;4(1):19985.

# Trauma-Informed Care Principles

- Emphasizes physical, psychological, and emotional **safety** for providers and survivors
- Creates opportunities for survivors to rebuild sense of control and **empowerment**
- Anticipates and avoids processes and practices that retraumatize people
- Upholds importance of participant **collaboration** in development, delivery, evaluation of services

TIP 57: Trauma-Informed Care in Behavioral Health Services (2014)

# Safety

- **Safety:** People feel physically and psychologically safe; the physical environment is safe and interpersonal interactions promote a sense of safety. Understanding safety as defined by those served is a high priority. (SAMHSA)

# Collaboration

- **Collaboration:** Importance placed on partnering and the leveling of power differences between staff and people receiving services. Healing happens in relationships and in the meaningful sharing of power and decision-making. Everyone has a role to play in a trauma-informed approach. (SAMHSA)

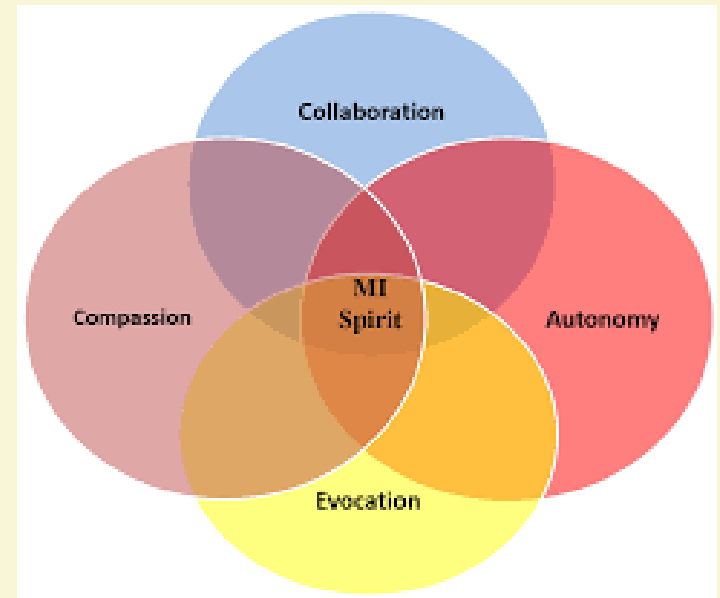


# Empowerment

- **Empowerment, Voice, and Choice:** an individual's strengths and experiences are recognized and built upon. There is a belief in the primacy of the people served, their resilience, and in their ability to heal and recover from trauma. People served are supported in shared decision making, choice, goal setting, and in cultivating self-advocacy skills. Staff are facilitators of recovery rather than controllers of recovery. (SAMHSA)

# Trauma-Informed Care Principles and Motivational Interviewing

- The spirit in which we speak is key to engaging people
- **Openness** to a way of thinking and working that is **collaborative** rather than prescriptive
- Honors a person's **autonomy** and **self-direction**, and is more about evoking than installing
- Involves willingness to suspend an authoritarian role



# Trauma-Informed Care and Motivational Interviewing

## Four interrelated themes

- Collaboration (partnership)
- Acceptance (accurate empathy, affirmation, autonomy, absolute worth)
- Compassion (caring what happens to the person and actively working in the person's best interest)
- Evocation (eliciting a person's own reasons for change)

*(Miller and Rollnick 2013)*



# Strategies to Increase Safety

- Create welcoming spaces and safe spaces in relationships
- Establish counselor roles and boundaries at the start of the counseling relationship and reinforce them periodically
- Be consistent in all interactions and treatment processes with the people you serve; follow through with what has been agreed upon in discussions with participants

# Strategies to Increase Safety

- **Provide trauma-informed counseling strategies:** grounding techniques, cognitive–behavioral tools that focus on anxiety reduction and distress tolerance, stress management and relaxation tools
- **Respect people’s ways of managing stress** while supporting taking risks to acquire new coping skills that are consistent with clients’ values, preferred identity, and way of being in the world
- **Avoid confrontation** of substance use or other means of coping that might activate trauma symptoms
- **Demonstrate Empathy and Listen Carefully**

# Active Listening (MI Skills)

## OARS

- Open-ended questions
- Affirmations
- Reflective Listening
- Summarizing
- You can use these essential skills to help individuals explore their ambivalence in a safe environment and begin moving through the change process



*Miller, W.R. & Rollnick, S. (2013)*

# Reflection Types and Examples

*“Everyone keeps telling me to quit drinking, that I would feel better and healthier. They don’t understand how much I need it to relax.”*

- **Repeating:** “No one understands how much you need to drink to relax.”
- **Rephrasing:** “Everyone is always telling you why drinking is bad for you.”
- **Paraphrasing:** “It is just too hard right now for you to think about quitting.”
- **Underlying emotion:** “Just the idea of not drinking makes you feel anxious”

# Reflective Listening Practice

*“I am not sure I want to stop smoking weed. I have been doing it most of my life.”*

## Write in chat box

- A simple reflection (repeating, rephrasing)
- A complex reflection (paraphrasing, reflecting feeling)



# Strategies for Collaboration

- **Person-centered Care:** Promote client-directed choice and demonstrate a willingness to work within a mutually empowering (as opposed to a hierarchical) therapeutic relationship
- **Use OARS:** These basic MI skills are consistent with a strengths-based, collaborative approach; affirmations are particularly helpful in identifying clients' strengths, coping resources, resilience, and building a sense of empowerment
- **Provide information with Permission:** Use the elicit-provide-elicit method (E-P-E) for providing information
- **Coping skills:** Facilitate development of different coping skills that are consistent with the person's values and preferences

# Steps to Elicit-Provide-Elicit

Elicit	Provide	Elicit
Ask permission	Prioritize: What does the person most want/need to know?	Ask about the person's response, understanding of the information
Explore prior knowledge	Be clear, avoid jargon, use plain language	
Query person's interests	Offer small amount of information with time to reflect	Use open questions and reflections
	Acknowledge freedom to disagree or ignore	Allow time to process
	Present what you know without interpreting meaning for the person	

# Skills to Increase Empowerment

- Elicit a person's own perception of their problems
- View their responses to trauma as adaptive coping behaviors—even when you believe their methods of dealing with trauma might be harmful
- Practice shared decision-making
- Emphasize personal choice and focus on person's goals and knowledge of what has previously worked for them
- Cultivate self-advocacy skills
- Elicit the person's own motivation for change

# Emphasizing Autonomy

*“I guess I might drink too much sometimes, but I don’t think I have a **problem** with drinking.”*

How would you respond to emphasize autonomy?

# WellLife Network Coram PROS

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# Incorporating Trauma-Informed Care

- Collaboration and Autonomy\*
- Coping Skills
- Discussing trauma with participants
- Using the WSM+ workbook and the link between trauma and substance use

\* Most important

# Questions

Thank you for joining! We welcome any questions or comments.

The following slides include some additional information and resources, including how what we discussed maps onto PROS and CORE services

# Trauma Informed Care in PROS

Standards of care are trauma-informed (for example):

“Goals, objectives and services are individualized and reflect the participant’s circumstances and preferences”



# PROS Community Rehabilitation and Support (CRS)

Some services within CRS component include:

- **Wellness Self-Management (note that WSM+ includes co-occurring substance and can be offered as CRS or IR integrated treatment motivation group)**
- Basic Living Skills
- Community Living Exploration
- Benefits & Financial Management

# PROS Intensive Rehabilitation (IR)

Examples of IR services include:

- Intensive Relapse Prevention
- **Integrated Dual Disorder Treatment**
- Family Psycho-education

# Trauma-Informed care in CORE

- CORE Services, as designed, support trauma-informed care, which is explicitly mentioned throughout
- “Services are delivered with a trauma-informed approach that is supportive and avoids re-traumatization. All services engage individuals with the assumption that trauma has occurred in their lives.”

# CORE: Community Psychiatric Support and Treatment

- Goal-directed supports and solution-focused interventions to achieve the person's goals and objectives.
- Consists of interventions such as clinical counseling and therapy, which assist the individual in achieving stability and functional improvement.
- Addresses behavioral health barriers that impact daily living, finances, housing, education, employment, personal recovery and/or resilience, family and interpersonal relationships and community participation.
- Specifically includes **“Integrated co-occurring disorder treatment”**

# CORE: Psychosocial Rehabilitation

- Designed to assist an individual in improving their functional abilities in settings where they live, work, learn, and socialize.
- Rehabilitation counseling, skill building, and psychoeducational interventions support attainment of person-centered recovery goals and valued life roles.
- Approaches develop skills to overcome barriers and promote independence and full community participation.
- Components include:
  1. *Person-Centered Assessment, Recovery Planning, Documentation, and Collaboration.*
  2. *Individual Psychoeducation and Skill Building.*
  3. *Rehabilitation Counseling:* support the individual to choose, get, and keep valued life roles.

# CORE: Family Support and Training

- Offers instruction, emotional support, and skill building necessary to facilitate engagement and active participation of the family in the individual's recovery process.
- The FST practitioner partners with families through a person-centered or person-directed, recovery oriented, **trauma-informed approach**.

# CORE – Empowerment Services – Peer Support

- Focus on rehabilitation, recovery, and resilience.
- Must include the identified goals or objectives in the individual's ISP, with interventions tailored to the individual.
- The intentional, goal-directed activities provided by this service emphasize the opportunity for peers to model skills and strategies necessary for recovery, thereby developing the individual's skills and self-efficacy.
- Provided through perspective of a shared personal experience of recovery, enhancing the individual's sense of empowerment and hope.
- Includes *Advocacy Support*: assists in building self-advocacy skills and raising awareness of existing social support and services

# Resources

- [Trauma-Informed Approach](#) – a 5-part curriculum in the CPI Learning Management System (LMS)
- [SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach](#) (2014)
- [TIP 57: Trauma-Informed Care in Behavioral Health Services](#) (2014)
- FIT Motivational Interviewing Modules