

TTC Technology Transfer Centers
 Funded by Substance Abuse and Mental Health Services Administration

Thank you for joining our webinar!

Welcome To
 A Broken Path: From Adverse Childhood Experiences to Resiliency

Presented by: James Campbell, LPC, LAC, MAC, CACII

THERE'S NO SOUND YET | WE'RE STARTING SOON | GIVING EVERYONE TIME TO JOIN

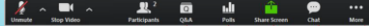




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Quick Housekeeping Items



1. WE ARE RECORDING
2. PLEASE LEAVE YOUR CAMERA ON
3. ATTENDEE'S AUDIO WILL BE MUTED
4. CHAT BOX FOR QUESTIONS
5. PLEASE COMPLETE OUR GPRA EVALUATION FOR CEU CREDIT

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INTRODUCTION TO SAMHSA'S TECHNOLOGY TRANSFER CENTERS (TTC's)

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Purpose

 The purpose of the Technology Transfer Centers (TTC) program is to **develop and strengthen the specialized behavioral healthcare and primary healthcare workforce** that provides substance use disorder (SUD) and mental health prevention, treatment, and recovery support services.

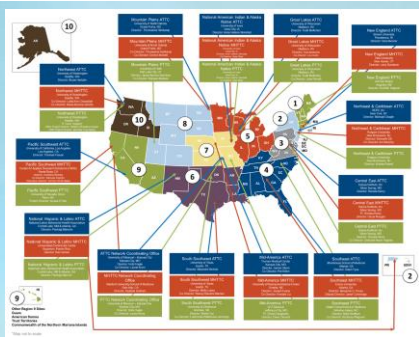
 Help people and organizations incorporate **effective practices** into substance use and mental health disorder prevention, treatment and recovery services.



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Southeast Addiction Technology Transfer Center (Southeast ATTC)

- One of 10 regional resource centers for addiction and recovery related training and technical assistance funded by the Substance Abuse and Mental Health Services Administration (SAMHSA).
- Located at the National Center for Primary Care at the Morehouse School of Medicine in Atlanta
- Serves the states of Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina and Tennessee



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How to claim my CEUs?



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A Broken Path: From Adverse Childhood Experiences to Resiliency

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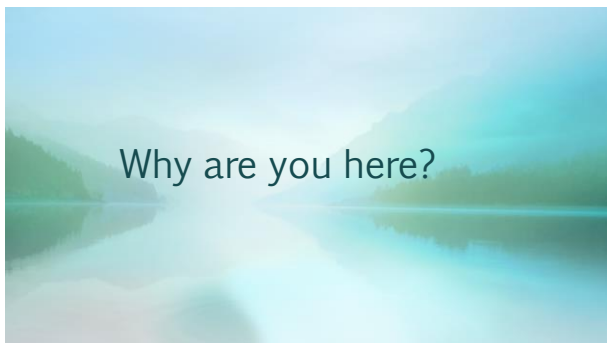
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Training Objectives:

Participants in this session will be able to:

- Utilize and interpret the results of the Adverse Childhood Experiences Questionnaire,
- Articulate at least three adverse experiences covered in the Adverse Childhood Experiences Questionnaire,
- Identify at least three negative outcomes correlated with experiencing adverse childhood experiences,
- List at least three experiences that are correlated with greater resiliency in individuals,
- Verbalize two practical steps they can take to help mitigate adverse childhood experiences and foster greater resiliency in those they serve

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Why are you here?

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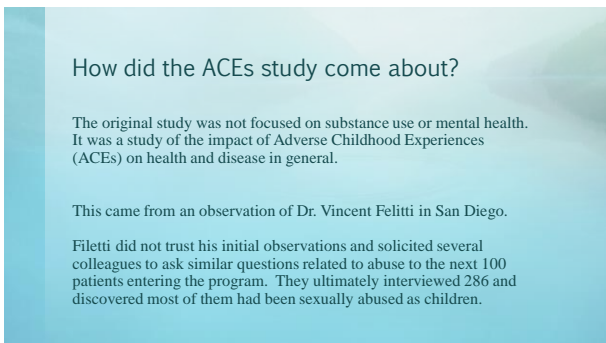
Self-Care

- Throughout this training, topics related to trauma, abuse and maltreatment will be discussed;
- If during or after this training, you experience thoughts or feelings that are overwhelming, cause anxiety, fear or other unpleasant emotions, please seek supervision and/or support.
- In the field of treating individuals and families impacted by substance use, the areas of self care, supervision and training are important to avoid or lessen the impact of secondary trauma.

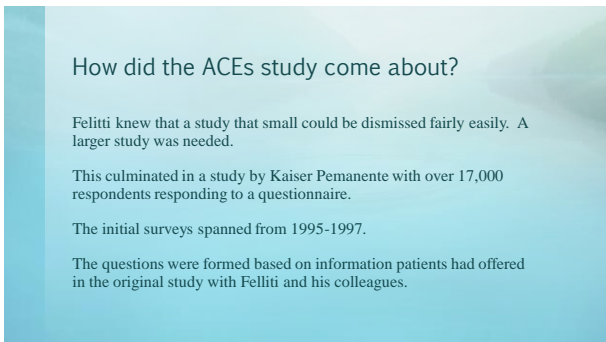
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What questions are on the current ACEs Questionnaire?

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ACEs

1. Did a parent or other adult in the household **often** ...

Swear at you, insult you, put you down, or humiliate you?

or

Act in a way that made you afraid that you might be physically hurt?

Yes No

If yes enter 1 _____

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ACEs

2. Did a parent or other adult in the household **often** ...

Push, grab, slap, or throw something at you?

or

Ever hit you so hard that you had marks or were injured?

Yes No

If yes enter 1 _____

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ACEs

3. Did an adult or person at least 5 years older than you **ever**...

Touch or fondle you or have you touch their body in a sexual way?
or
 Try to or actually have oral, anal, or vaginal sex with you?

Yes No If yes enter 1 _____

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ACEs

4. Did you **often** feel that ...

No one in your family loved you or thought you were important or special?
or
 Your family didn't look out for each other, feel close to each other, or support each other?

Yes No If yes enter 1 _____

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ACEs

5. Did you **often** feel that ...

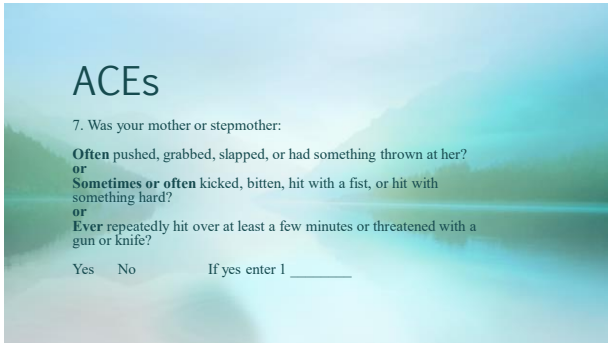
You didn't have enough to eat, had to wear dirty clothes, and had no one to protect you?
or
 Your parents were too drunk or high to take care of you or take you to the doctor if you needed it?

Yes No If yes enter 1 _____

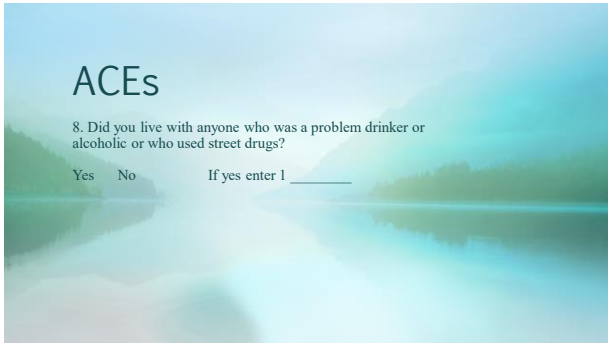
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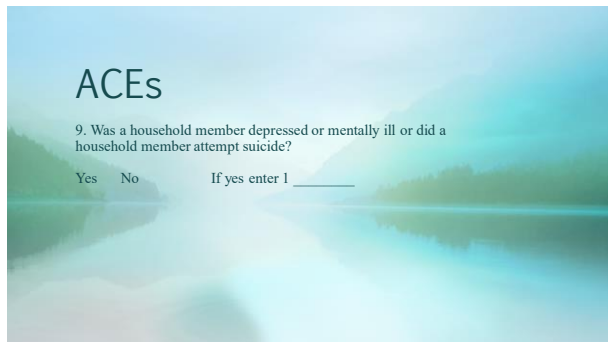
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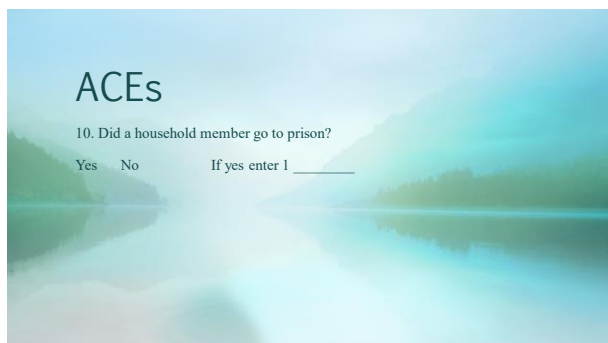
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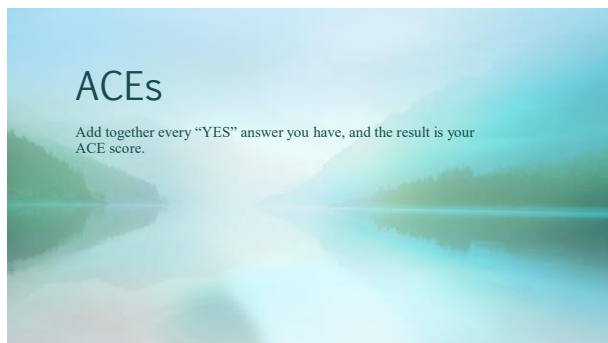
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Early Results:

- Two out of three of the respondents in the original study reported at least one ACE, one in five had three or more ACEs, and one in eight had four or more ACEs.
- The correlation between ACEs and later health issues was significant.
- Persons who had experienced four or more categories of childhood exposure, compared to those who had none, had a 4-fold to 12-fold increase in a wide range of health and mental health problems.
- The higher the number of ACEs, the higher the risk for negative outcomes.

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What Is the Impact?

Does this impact more than weight gain and loss?

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Additionally, those who had a score of four or higher were:

- Twice as likely to smoke cigarettes.
- Twelve times more likely to have attempted suicide.
- Seven times more likely to be addicted to alcohol.
- Ten times more likely to have injected street drugs.

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Individuals with high ACE scores were also more likely to:
Be violent

- Have more marriages
- Have more broken bones
- Have more drug prescriptions
- Have more depression
- Have more auto-immune diseases
- Have more work absences

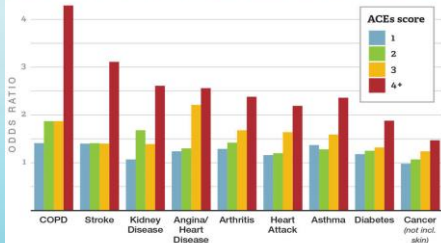
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More Detailed Results:

Our bodies store trauma in places other than the brain.

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LIKELIHOOD TO DEVELOP HEALTH CONDITIONS BASED ON ACES



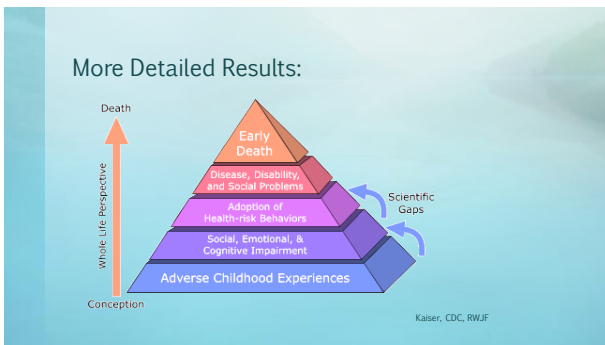
This chart represents odds ratios, or how many times more likely an adult with ACEs is to experience a given health outcome compared to those without ACEs. For example, those with four or more ACEs are 4.3 times more likely to have chronic obstructive pulmonary disease (COPD), 2.4 times more likely to develop asthma, and 2.2 times more likely to have a heart attack than those without ACEs.

Central Iowa

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Discussion regarding ACEs...
Why do we suppose these correlations are there?

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Why do we discuss this?

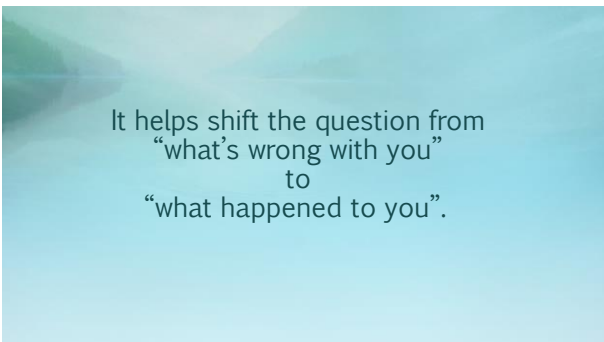
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The Impact of ACEs and Trauma

- Research indicates as much as 80% of the individuals who misuse substances have experienced trauma.
- Incidents of trauma increase the likelihood of substance misuse; incidents of substance misuse increase the likelihood of trauma.
- “Hurt people, hurt people.”
- “If you do not heal what hurt you, you will bleed on people who didn’t cut you.”
- Blurs boundaries, normalizes unhealthy behaviors, creates secrets, shame.

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What is Trauma?

- According to SAMHSA’s Trauma and Justice Strategic Initiative, “trauma results from an event, series of events or set of circumstances that is experienced by an individual as physically or emotionally harmful or threatening and that has lasting adverse effects on the individual’s functioning and physical, social, emotional or spiritual well-being.”

(SAMSHA, 2012, p.2)

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What is Trauma?

- Family Addiction and Violence
- Transgenerational Violence* (Rats and Rotten Fruit)
- Emotional and Relational Trauma for which substances may become the coping strategy “of choice”
- The context of Addiction and the Predisposition to Victimization
 - 65% of incest offenders were drinking at the time of the abuse.
 - 30-84% of child abuse/neglect cases occur in families where AOD misuse is present.

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What is Trauma?

- Once considered an abnormal experience.
- The National Comorbidity Study in the lives of the general population of the United States found:
 - 61% of men and 51% of women reported experiencing at least one trauma in their lifetime, with witnessing a trauma, being involved in a natural disaster and/or experiencing a life-threatening accident ranking as the most common events (Kessler et al., 1999).

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Types of Trauma

Caused Naturally	Caused by People	Caused by People
	Catastrophes	Intentional Acts
Tornado	Train derailment	Arson
Lightening Strike	Structural collapse	Terrorism
Physical ailment or disease	Car accident due to malfunction	Homicide or suicide
Hurricane	Gas explosion	Sexual assault and abuse
Flood	Electrocution	Physical abuse and neglect
Fallen tree	Accidental gun shooting	School violence
Wild Fire	Sports-related death	Home invasion
Epidemic	Aircraft crash	Stabbing or shooting
Famine	Roofing fall	Domestic violence

SMBGA, TP 57 Trauma-Informed Care in Behavioral Health Services

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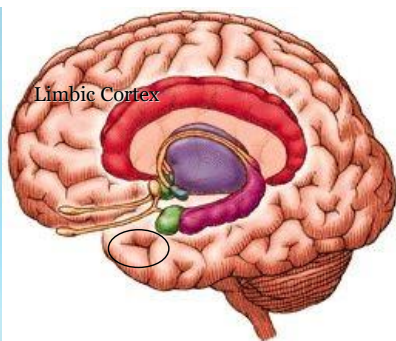
A Broken Path

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The Brain

- About ____% of body weight
- About _____ neurons
- One primary purpose

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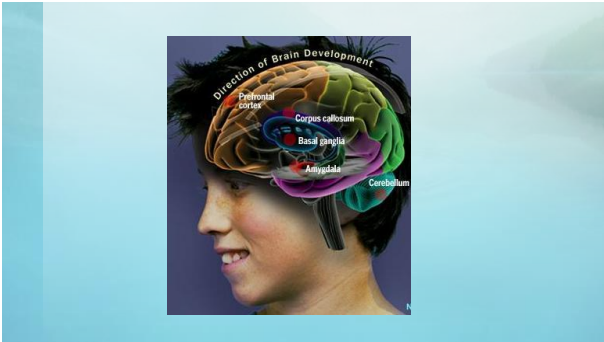
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Brain Development and Early Trauma

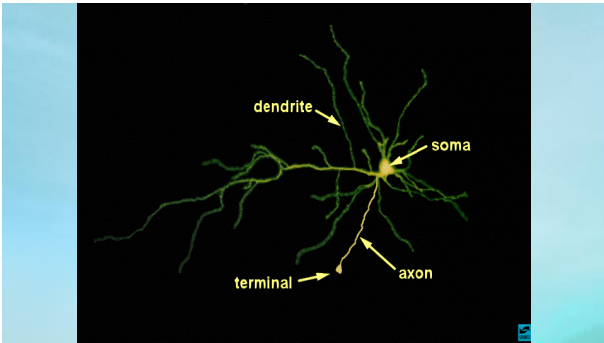
- Early maltreatment produces enduring negative effects on brain development.
- Early trauma and/or maltreatment produces a disruption of chemicals that function as neurotransmitters, causing escalation of the stress response.
- These chemical responses can then negatively affect critical neural growth during specific sensitive periods of childhood development.
- Adverse brain development can also result from elevated level of cortisol contributing to maturational failures in regions of the brain such as the prefrontal cortex.
- Oxytocin was markedly decreased in women who had been exposed to childhood maltreatment, particularly those who had experienced emotional abuse. The more childhood trauma a person has experienced, and the longer the duration, the lower that person's current level of oxytocin was likely to be and the higher their rating of current anxiety was likely to be.

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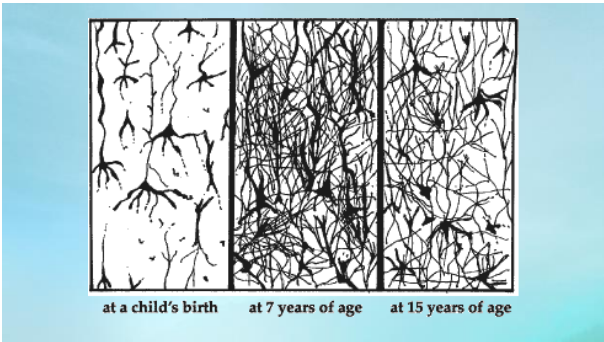
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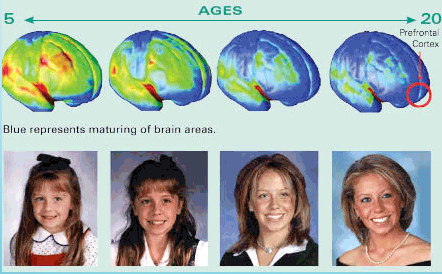


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• Biology parallels the psychological and social requirements of adolescents. (Goleman)



← AGES → 20
Prefrontal Cortex

Blue represents maturing of brain areas.

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Numbing

- Biological process whereby emotions are detached from thoughts, behaviors, and memories.
- Because numbing symptoms hide what is going on inside emotionally, there can be a tendency for family members, counselors or other professionals to assess levels of traumatic stress and the impact of trauma as less severe than they actually are.

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What are Trauma Related Symptoms and Behaviors?

- A trauma-informed perspective views trauma-related symptoms and behaviors as an individual's best and most resilient attempt to manage, cope with and rise above his or her experience of trauma.
- Traumatic stress reactions are **normal** reactions to **abnormal** situations.

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What is a Trauma Informed Agency?

- Involves all aspects of program activities, setting, relationships and atmosphere (more than implementing new services).
- Involves all groups: administration, supervisors, direct service staff, support staff and consumers.
- Involves making trauma-informed change into a new routine, a new way of thinking and acting (more than new information).

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Creating a Trauma Informed Culture

The 5 Core Domains

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Creating a Trauma Informed Culture

The 5 Core Domains:

- Safety
- Choice
- Trustworthiness
- Collaboration
- Empowerment

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Implication to Counselors/Helpers:

Counselors with primary treatment responsibilities should have an understanding of:

- How to recognize trauma-related reactions
- How to incorporate treatment interventions for trauma-related symptoms into treatment plans
- How to help clients build a safety net to prevent further trauma
- How to conduct psychoeducational interventions
- When to make a treatment referral for further evaluation or trauma-specific treatment services.

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One of our goals is to enable those we serve to speak the unspeakable and to be accepted for who they are.

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- **How do we do this?**
 - Creating a safe space
 - Rolling with resistance/Dancing with discord
 - Practicing patience and timing
 - Remembering the stages of change
 - Carefrontation versus confrontation
 - Asking because we care.

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- Since one of our goals is to enable those we serve to speak the unspeakable and to be accepted for who they are...

what happens when they do?

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Secondary Trauma

- Secondary trauma symptoms are trauma-related stress reactions and sets of symptoms resulting from exposure to another individual's traumatic experiences rather than from direct exposure to a traumatic event.
- **ProQOL Scale:** Compassion Satisfaction and Compassion Fatigue
 - A self-assessment tool
 - Assess risk levels
 - Examine alternative coping strategies
 - Increase self-awareness and self-knowledge
 - Become aware of and open up conversations about self care and resources

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Secondary Trauma

<h4>Risk Factors</h4> <ul style="list-style-type: none"> • Preexisting anxiety or mood disorders • Prior history of personal trauma • High caseloads of clients with trauma-related disorders • Being younger in age and new to the field • Unhealthy coping styles • Lack of tolerance for strong emotions 	<h4>Protective Factors</h4> <ul style="list-style-type: none"> • Male gender • Being older or having more years of professional experience • Lacking a personal trauma history • Exhibiting personal autonomy at work • Using positive coping styles • Possessing resilience or the ability to find meaning in stressful life events • Emotional support from professional colleagues • Clinical supervision and training
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Implications to Counselors/Helpers: Decreasing Risk of Secondary Trauma

- Peer Support: maintain adequate social support to prevent isolation and depression.
- Supervision and consultation: seeking professional support will enable you to understand your own responses to clients and to work with them more effectively.
- Training: ongoing professional training can improve your belief in your abilities to assist clients in their recovery.
- Personal Therapy: obtaining treatment can help you manage specific problems and become better able to provide good treatment to your clients.
- Maintain balance: a healthy, balanced lifestyle can make you more resilient to managing any difficult circumstance you face.
- Setting clear limits and boundaries with clients: clearly separating your personal and work life allows time to rejuvenate from stressors.

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Discussion regarding Resiliency and Protective Factors...

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Discussion regarding Resiliency and Protective Factors...

- I believe that my mother loved me when I was little.
- I believe that my father loved me when I was little.
- When I was little, other people helped my mother and my father take care of me and they seemed to love me.
- I have heard that when I was an infant someone in my family enjoyed playing with me, and I enjoyed it too.
- When I was a child, there were relatives in my family who made me feel better if I was sad or worried.
- When I was a child, neighbors or my friends' parents seemed to like me.

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Discussion regarding Resiliency and Protective Factors (cont'd.)...

- When I was a child, teachers, coaches, youth leaders or ministers were there to help me.
- Someone in my family cared about how I was doing in school.
- My family, neighbors and friends talked often about making our lives better.
- We had rules in our family and were expected to keep them.
- When I felt really bad, I could almost always find someone I trusted to talk to.
- As a youth, people noticed that I was capable and could get things done.
- I was independent and a go-getter.
- I believed that life is what you make it.

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Discussion regarding Resiliency and Protective Factors...Where from here?

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