## TRAUMA AWARENESS

By <u>Kristen Wright</u>, M.S., LCPC Central East ATTC contributor

As we enter National Trauma Awareness Month, I'd like to pause for a moment to consider what we know about the families of individuals living with substance use disorders... and more importantly what we don't know.

## Numbers and trends:

- In 2019 there were 70,630 deaths attributed to overdose<sup>i</sup>.
- Estimating accurate numbers of all non-fatal overdoses in the community is challenging we can only track what is reported/treated.
- We can estimate the number of nonfatal overdoses treated in emergency departments (EDs) approximately 967,615 in 2017<sup>ii</sup>.
- Since COVID-19 started, the numbers of suspected opioid and stimulant related overdoses being treated in EDs is up despite general trends of people delaying or avoiding care in EDs due to the pandemic<sup>iii</sup>.
- For both overdose deaths and nonfatal overdoses treated in EDs the highest rates were amongst adults ages 25-54, prime periods for parenting children, adolescents, and young adults.

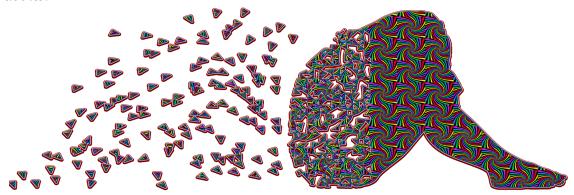


Photo by Chip Lanay from Pixabay

Sadly, we do not know how many of those individuals experiencing overdoses were parents (to my knowledge that data is not being collected). Research on the impacts of substance use on families continues to fall frustratingly behind in research, national discussions, and policy initiatives<sup>iv</sup>.

Why should we fill these gaps in data and policy? That we do have data on.

Children and adolescents who grow up in households with substance misuse are at a higher risk for:

- developing mental health problems iv
- using substances in general and develop substance use disorders iv
- accidental opioid poisoning iv
- experiencing overdoses themselves<sup>v</sup>

... and parental substance continues to rise as a contributing factor for child removal and CPS involvement. vi

Add to the experience of *courtesy stigma* - the idea that some people avoid or distance themselves from family members of those living with substance use disorders - and the outlook seems bleak for the young people in our systems of care.

## BUT....

We also have a lot of promising data on how we can support the families of people living with SUDs. What can we do?

We can work with families to foster resilience and connections. Resilience involves maintaining flexibility and balance in life as you deal with stressful circumstances and traumatic events. Some ways to foster resilience include:

- Allowing for the experience strong emotions, and also realizing when they may need to avoid experiencing them at times in order to continue functioning.
- Stepping forward and taking action to deal with problems and meet the demands of daily living, and also stepping back to rest and reenergize.
- Spending time with loved ones to gain support and encouragement, and also nurturing themselves.
- Supporting efforts to make connections strengthening old connections and developing new, positive ones
- Perspective taking including looking beyond the current stressors to a more hopeful future, looking at setbacks and relapses as learning experiences, and nurturing positive self-images and moving beyond stigmatizing labels applied to them and family members
- Modeling and encouraging relying on others, and also relying on themselves.
- Adopting a spirit of experimentation including trying a variety of coping skills, relaxation strategies and self-care practices to see which are the best fit for that individual



Photo by Karen Nadine from Pixabay

For more information on fostering resilience check out the resources shared by the <u>American</u> Psychological Association and PositivePsychology.com.

We can also be more inclusive of families in our systems by reflecting on and addressing stigma in our individual approaches to working with people and in our organizations:

- Include the voices of families and natural supports in policy in planning
- Adopt a recovery-orientation in organizational mission, vision, values, hiring practices, and training
- Practice intentional self-reflection about our own implicit biases and use that awareness to avoid missteps and take corrective measures
- Promote collaboration with families and natural supports in treatment planning and implementation
- Offer supports to families either by developing capacity in your organization or by developing a network of providers to refer to and collaborate with
- Provide education about substance use, addiction and recovery with materials adapted to be developmentally appropriate for children, adolescents and young adults
- Create a welcoming environment for service participants and their families
- Collect data to support systems level advocacy

Working in our field is beautifully challenging because we cannot treat symptoms like substance use in isolation. Substance use occurs within the context of life lived in a body filled with thoughts, feelings and physical sensations, in a family, in a community, in an environment, in a society. While it may seem daunting to adopt a holistic approach that includes addressing the needs of the whole person in the context of their lives, this approach works.

When we foster resilience and connection, we have the potential to start a ripple effect where our services' impacts move beyond the individuals in care to their families, to future generations, to communities. We do this work as a community of providers to support our own resilience. We are in this together.

<sup>&</sup>lt;sup>1</sup> Hedegaard H, Miniño AM, & Warner M. (2020). <u>Drug overdose deaths in the United States, 1999–2019. NCHS Data Brief, no 394</u>. Hyattsville, MD: National Center for Health Statistics.

<sup>&</sup>lt;sup>ii</sup> Vivolo-Kantor AM, Hoots BE, Scholl L, et al. (2020). <u>Nonfatal Drug Overdoses Treated in Emergency Departments — United States,</u> <u>2016–2017</u>. MMWR Morb Mortal Wkly Rep 2020;69:371–376. DOI:.

iii Centers for Disease Control and Prevention. (2021, February 16). <u>Suspected Nonfatal Drug Overdoses during COVID-19</u>. Centers for Disease Control and Prevention.

<sup>&</sup>lt;sup>iv</sup> Winstanley, E. L., & Stover, A. N. (2019). <u>The Impact of the Opioid Epidemic on Children and Adolescents</u>. *Clinical Therapeutics*, *41*(9), 1655–1662.

<sup>&</sup>lt;sup>v</sup> Khan, N. F., Bateman, B. T., Landon, J. E., & Gagne, J. J. (2019). Association of Opioid Overdose with Opioid Prescriptions to Family Members. *JAMA Internal Medicine*, *179*(9), 1186–1192.

vi National Center on Substance Abuse and Child Welfare. (n.d.). <u>Child Welfare and Alcohol & Drug Use Statistics</u>. Child Welfare and Alcohol & Drug Use Statistics | National Center on Substance Abuse and Child Welfare (NCSACW).