



Substance Use Disorder ECHO

RUTGERS



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New Jersey Medical School

Hub Team Introductions



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Our Goal

- Combat the substance use crisis through education on best practices in a safe space for peer-to-peer learning
- Engage healthcare providers in the primary care setting to increase skills to safely and compassionately manage, treat, and support their clients with a substance use disorder
- Recognize the importance of reducing stigma to advance equity and improve access to care for patients with substance use disorders



Financial Disclosures

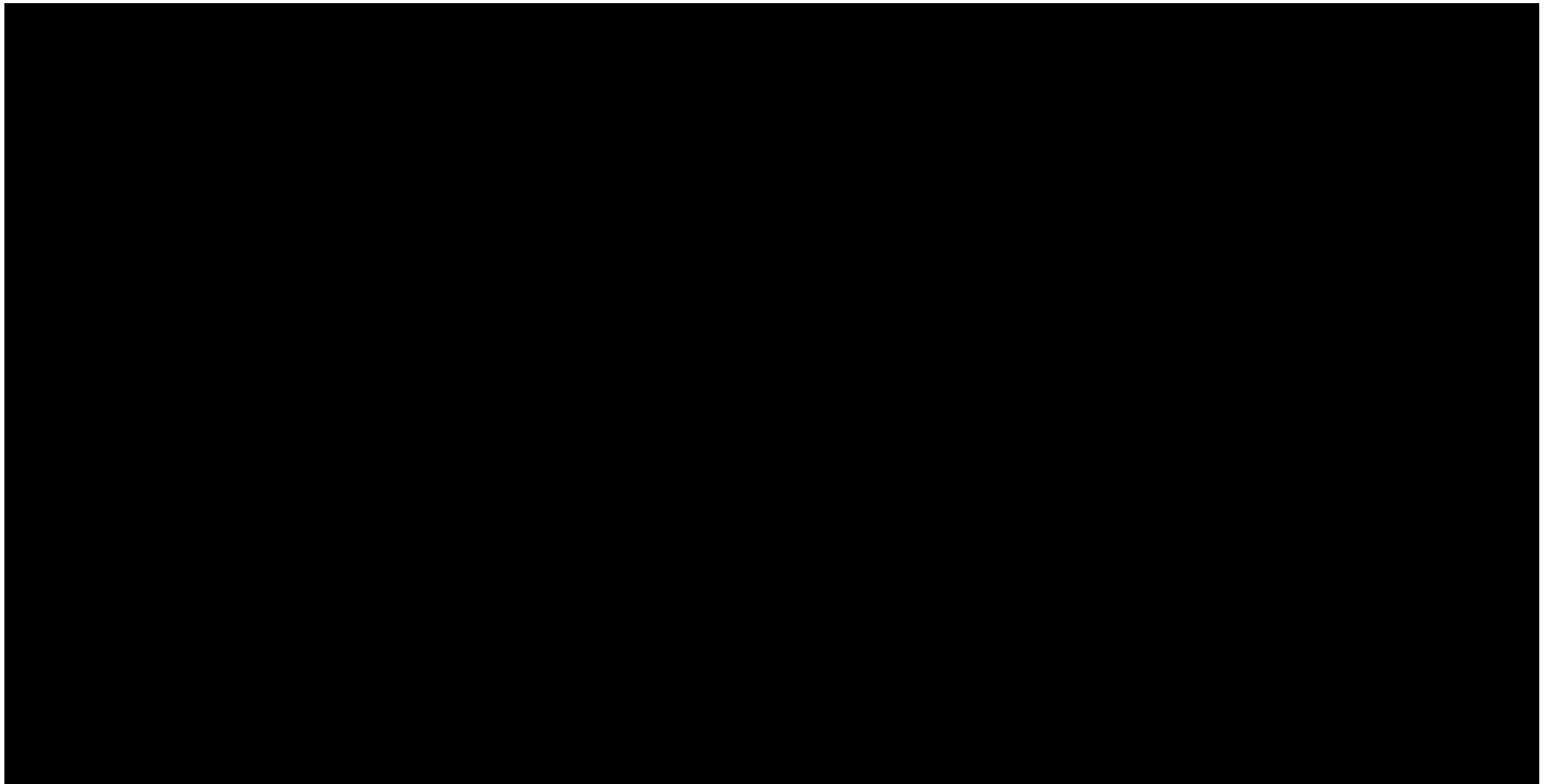
- The following sessions leader(s) have no relevant Financial relationships with ineligible companies to disclose:
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 - Halle Sarkodie
 - Madeleine Andreas

TRAUMA-INFORMED CARE IN SUBSTANCE USE TREATMENT

PRESENTERS: STEPHANIE RUTHBERG, MD
Halle Sarkodie & Madeleine Andreas

OUTLINE

- Mad Men Media Clip
- What is trauma?
- Trauma and substance use
- What is trauma-informed care (TIC)?
- TIC for substance use disorders
- How to implement? Barriers?
- Community resources



WORD CLOUD

What comes
to mind?



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

that has **lasting adverse effects** on the individual's functioning and mental, physical, social, emotional, or spiritual well-being

TRAUMA – WHAT IS IT EXACTLY?

FACTORS THAT INFLUENCE TRAUMA

- May be one time or chronic
- Depends on how the individual experiences the situation/event
- Effect can be short-term or life long
- Examples: natural disasters, war, neglect, physical or sexual violence, school shootings, pandemics, bullying
- Childhood trauma can be quantified via ACEs



ACES

Adverse Childhood Experiences

ABUSE



Physical



Emotional



Sexual

NEGLECT



Physical



Emotional

HOUSEHOLD DYSFUNCTION



Mental Illness



Incarcerated Relative



Mother treated violently



Substance Abuse



Divorce

Exposure during childhood **cost \$748 billion** directly

75% of costs from ACEs come from people with 2 or more ACEs

ACES

Adverse Childhood Experiences

Increased risk of substance use disorders, mental health disorders, risky sexual behaviors, obesity, heart disease, lung disease, cancer

Biological/psychological relationship between trauma & neurological development

At least 4 ACEs = increased risk of ALL negative health outcomes (highest below)

- Risky sexual behavior
- **Mental health problems**
- **Problematic drug/alcohol use**
- Interpersonal/self-directed violence



SEXUAL & DOMESTIC VIOLENCE



The higher the ACE score, the increased odds of experiencing sexual violence in adulthood

- E.g. childhood sexual assault, household mental illness, family member incarcerated, emotional neglect, physical abuse, emotional abuse
- Associated with re-victimization

EPIGENETIC & INTERGENERATIONAL TRAUMA

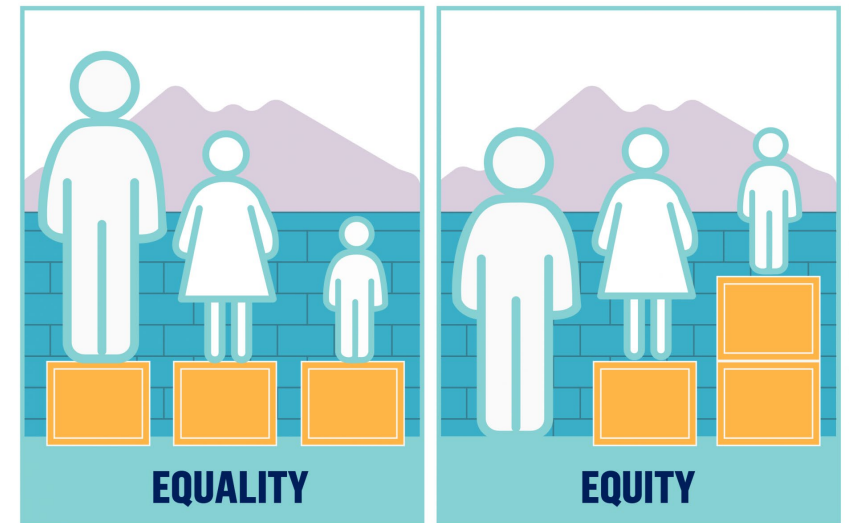
- Minority communities – more acute forms of trauma + subject to intergenerational trauma
- Research began with survivors of the Holocaust and internment camps
- American Indian populations
 - Higher rates of alcohol abuse
 - People internalize rage, shame → suffer health consequences



VULNERABLE POPULATIONS

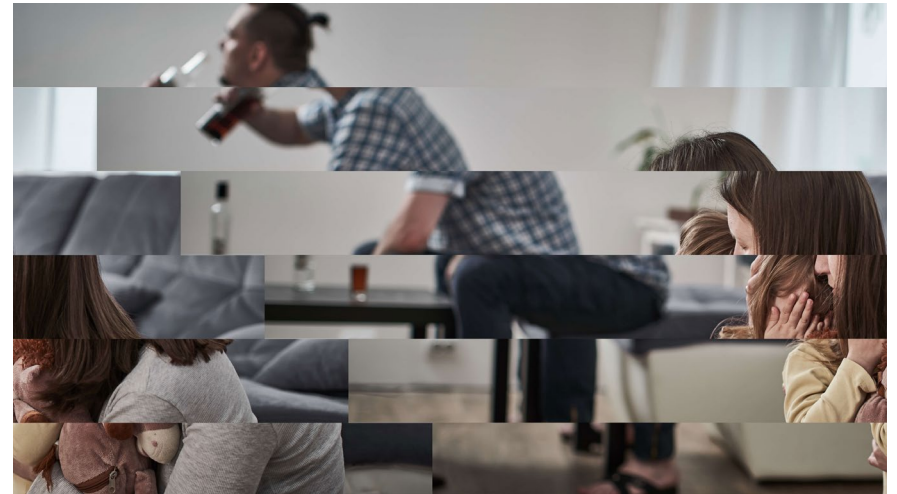
RACIAL EQUITY, LGBTQ

- LGBTQ persons more likely to experience assault
- sexual minorities with more ACEs (Tran et al, 2022)
- Health equity – racial minorities received less services during COVID (generational trauma & cycles of poverty persist)



TRAUMA & SUBSTANCE USE

- Big picture: more trauma → more SUD
- Large breadth of literature demonstrating past trauma & increased ACEs correlated with substance use and dependence later in life
- Patients with PTSD are in treatment for SUDs **5x higher** than general populations

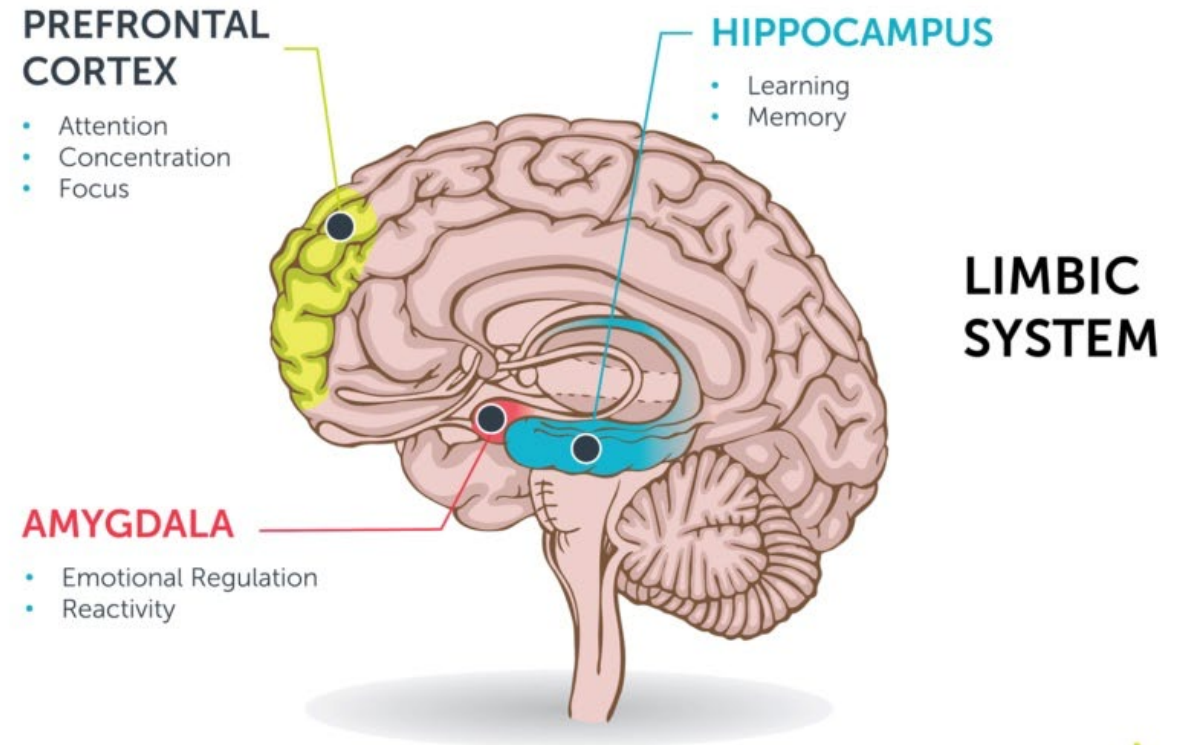


ACES & SUBSTANCE USE

- An ACE of ≥ 4 correlated with **500% increase in lifetime risk** of developing alcohol use disorder
- As ACE scores *increase* by 1 point, the likelihood of use/abuse in adulthood increases by
 - 29% for alcohol abuse
 - 24% for illegal drug abuse
 - 22% marijuana abuse
 - 14% for smoking cigarettes

EFFECT OF CHILDHOOD TRAUMA ON THE BRAIN

- Trauma in early childhood alters the brain & can affect development
- Trauma weakens connections between medial prefrontal cortex (mPFC) & amygdala
 - Leads to more negative emotions & having less control over them
 - increase risk of developing SUD



TRAUMA INFORMED CARE (TIC) KEY ASSUMPTIONS



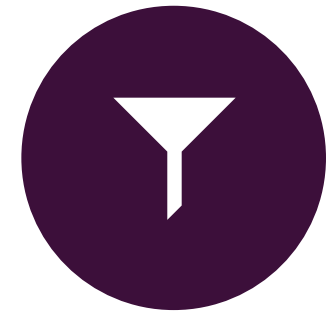
REALIZATION



RECOGNIZING



RESPONDING



RESIST RE-
TRAUMATIZATION

TRAUMA INFORMED CARE (TIC)

6 KEY PRINCIPLES

Safety

Trustworthiness
&
transparency

Peer support

Collaboration
& mutuality

Empowerment,
voice & choice

Cultural,
historical &
gender issues

DO YOU THINK YOUR WORKPLACE EMPLOYS TIC?

A. Yes

B. No

C. I don't know

IMPLEMENTATION IN PRACTICE

Trauma-informed care embraces a perspective that highlights adaptation over symptoms and resilience over pathology

Elliot et al, 2005

Universal routine screenings for trauma

Ensure common spaces are welcoming & private

Provide patients with clear message of their rights

Create collaborative relationship with patient/client

Respectful & professional boundaries

Empower advocacy

FOCUS ON RESILIENCE WITH STRENGTHS-ORIENTED QUESTIONS

- Your history indicates you have accomplished a lot since the trauma. What are you most proud of?
- What characteristics have helped you manage these experiences and the challenges that they have created in your life?
- How do you gain support today?
- What does recovery look like for you?

COMPARE WITH

- What happened to you?
- What is wrong with you?

STEPS TO BECOME TRAUMA- INFORMED ORGANIZATION

1. Build awareness of trauma and importance of TIC
2. Support culture of staff wellness
3. Hire a workforce that embodies values of TIC
4. Create a safe environment (physical, social, emotional) at every step of care

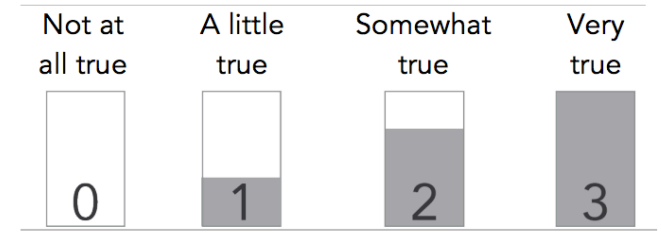
EVALUATION: TIP SCALE

(Trauma-Informed Practice)

Organized by the order on the survey

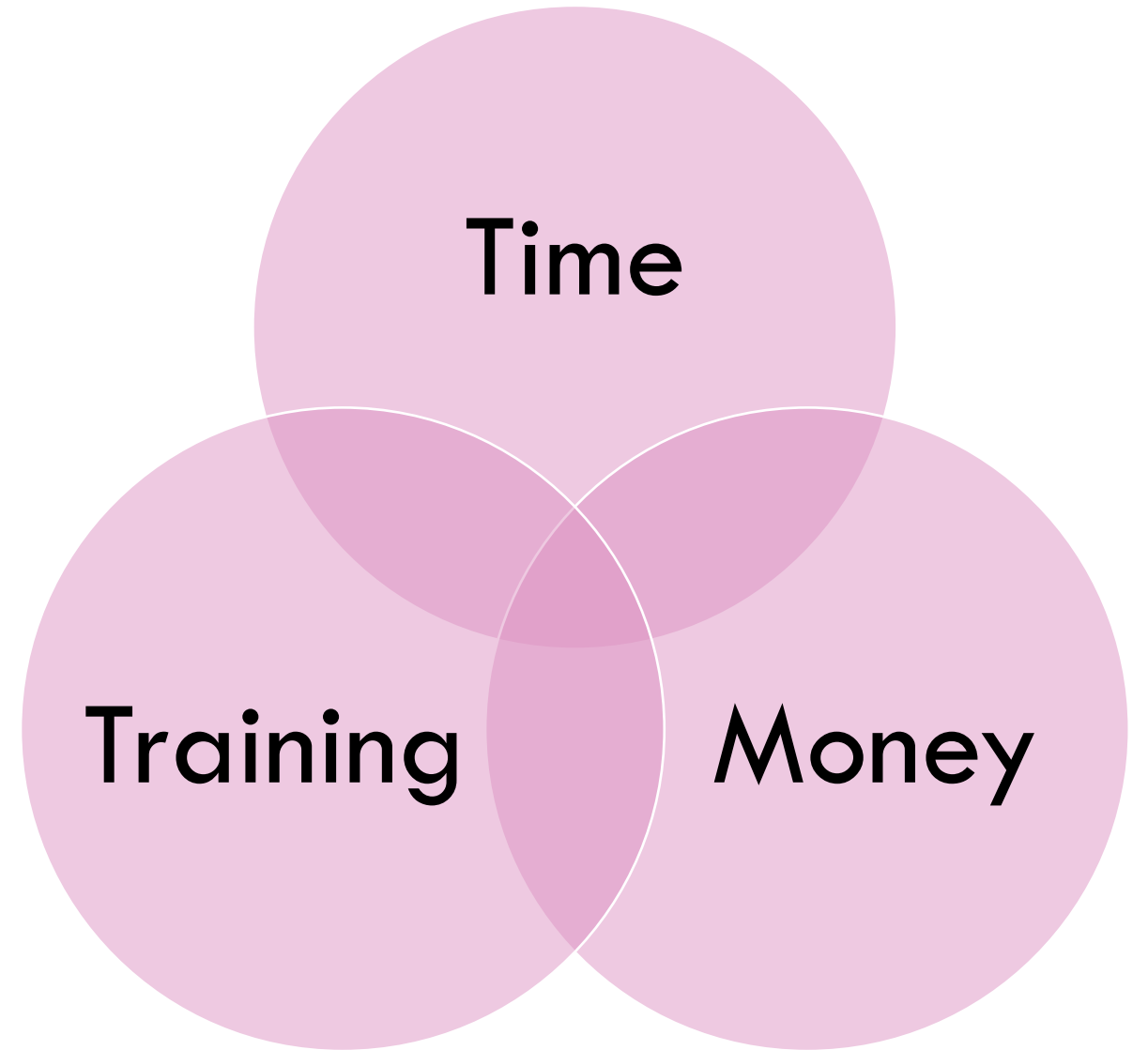
1. Staff respect my privacy.
2. Staff are supportive when I'm feeling stressed out or overwhelmed.
3. I decide what I want to work on in this program.
4. I have the opportunity to learn how abuse and other difficulties affect responses in the body.
5. I have the opportunity to learn how abuse and other difficulties affect peoples' mental health.
6. Staff treat me with dignity.
7. Staff respect the strengths I have gained through my life experiences.
8. Staff respect the strengths I get from my culture or family ties.
9. Staff understand that I know what's best for me.
10. In this program, I have the opportunity to connect with others.
11. I have opportunities to help other survivors of abuse in this program.
12. This program creates opportunities for me to learn how abuse and other hardships affect peoples' relationships.

A Please let us know how true the following statements are **as you think about your interactions with staff in this program** on a scale from 0 to 3. You may feel different ways about different staff members. Please respond with your overall impression of the staff. This picture will help you think about that:



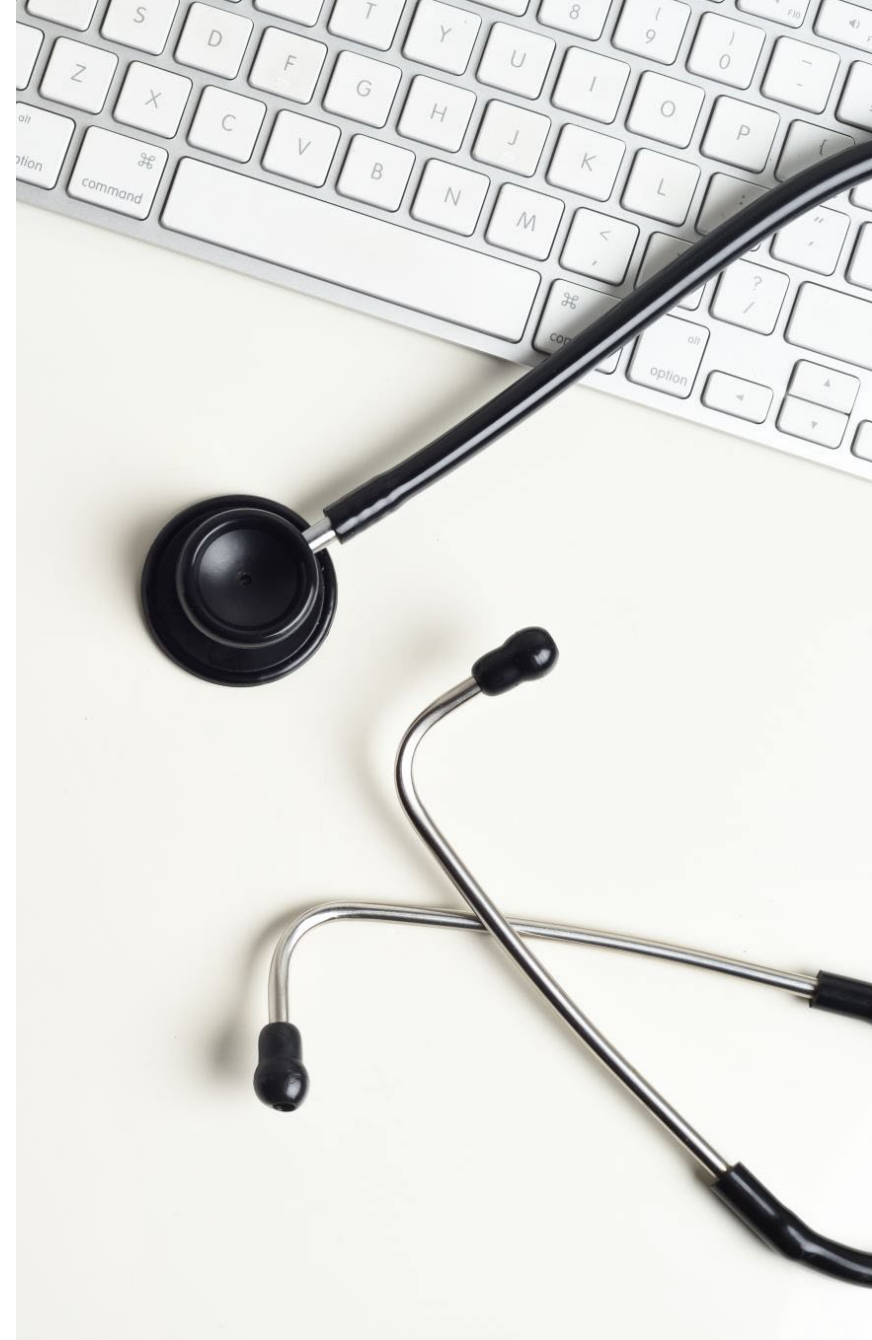
	1	2	3
Agency			
Agency			
Agency	1	2	3
Information			
Information	1	2	3
Agency			
Strengths			
Strengths	1	2	3
Agency			
Connection			
Connection	1	2	3
Information			

BARRIERS TO TIC



COMMUNITY RESOURCES

- SAMHSA's National Mental Health Information Center
 - SAMHSA's National Helpline: 800-662-4357
- Trauma Recovery Center
 - Deborah Almonte, LCSW-Program Coordinator
Phone: 201-839-2644
Deborah.Almonte@rwjbh.org



THE END
THANK YOU