Southeast (HHS Region 4)

MHTTC Mental Health Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

Trauma and the Peer Perspective

This product accompanies the 'Trauma and the Peer Perspective' series which was held between October to December of 2022

Overview of Trauma and the Peer Perspective Series

The '***Trauma and the Peer Perspective***' is a 3-part series hosted by the Southeast MHTTC and will examine the myriad of ways trauma is defined, and how trauma is often addressed within behavioral health systems. We will explore how systems can create trauma and/or re-traumatize those seeking help and how trauma informed peer support and services can be a game changer.

Moderators:

- Georgia Mental Health Consumer Network (GMHCN)
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  - *Chris Johnson, (Director of Communications)*

GEORGIA MENTAL HEALTH CONSUMER NETWORK

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SAMHSA Substance Abuse and Mental Health Services Administration

PART ONE: What is Trauma?
You can view part one <u>here</u>

Defining Trauma

Overview of Trauma

90% of individuals who entered a public behavioral health system have experienced trauma. This has never been assessed in individuals who have entered the American criminal justice/legal system.

It is important to see trauma through the proper lens so we can **approach and respond** to it clearly and so our engagements with people living with trauma can be beneficial.

What is Trauma?

- According to the **American Psychiatric Association (APA)**, trauma is an emotional response in reaction to a terrible event such as an accident, sexual assault, or natural disaster.
  - Long term effects can include flashbacks and physical symptoms such as **headaches and nausea**
  - An individual can re-experience traumatic events through recurring intrusive thoughts and flashbacks which can lead to **chronic stress**
    - **Chronic stress** is similar to an exaggerated and sustained fear response which can **modify** fear/stress response structures in the brain and contribute to symptoms of **PTSD**

- According to **SAMSHA**, trauma is a widespread, harmful, and costly public health problem which has occurred because of violence, neglect, abuse, disaster, war, and other emotionally harmful experiences.
  - There is **no boundary** to age, gender, socioeconomic class, sexual orientation, or religion.
  - It can include events that have happened in a person's life in which they had no control over, contributing to behavior in ways that are unknown.
- Trauma is an almost **universal** experience among people with mental and substance use disorders
- The role of medical providers in behaviors related to trauma response can lead to a **diagnosis**, such as PTSD, and learning to **identify** responses can aid in recovery.

Adverse Childhood Experience's (ACEs) and Related Health Outcomes

Traumatic experiences at a young age, especially when consistent, can disturb **psychological and cognitive development**, increasing the risk of developing mental health issues[3]

The **Adverse Childhood Experience Study (ACE Study)** is renowned for drawing a relationship between exposure to abuse and household dysfunction during childhood and risk for negative health outcomes and behaviors in adulthood [4]

What are ACEs?[4]

- Experiencing psychological, physical, and/or sexual abuse to the self
  - Also includes witnessing household dysfunction through substance use, mental illness, criminal behavior, and violence towards the mother figure.
- The Philadelphia ACEs study[5] focused on studying the effects of *community-based adversity* or **expanded ACEs** such as racism and violence in a more racially and socioeconomically diverse population
  - Researchers found that "**63.4%** experienced at least one Expanded ACE, and **49.3%** experienced both. A total of **13.9%** experienced only Expanded ACEs and would have gone unrecognized if only Conventional ACEs were assessed"[5]

The **more ACE's** an individual has experienced, the **higher the risk** for negative health outcomes and behaviors such as:

Substance use
Heart disease
Obesity
Depression and other mental illness
Stroke

- Behaviors such as *drinking, smoking, substance use, and/or sexual activity* could be a form of **coping** for individuals experiencing family dysfunction and forms of abuse

Prevention From 3-Angles:[4]

Primary – The most difficult angle as it aims to prevent ACEs from occurring, requiring social changes to improve the quality of household life

Secondary – Working to further understand behavioral coping strategies (smoking, alcohol use) to prevent the adoption of risky health behaviors

Tertiary – Training physicians and clinical staff to understand link between ACEs and adult health issues to ameliorate burden

The 3 Es of Trauma[2]

Event

This encompasses the actual threat of physical or psychological harm including extreme neglect delaying a child's development. Events can be a one-time occurrence, such as a natural disaster, or repeated occurrences which happen over time such as domestic violence.

Experience

An individual processes whether the particular experience of an event is traumatic or not. This determination can be linked to factors such as cultural beliefs, available resources, and an individual's personal developmental stage.

Effect

Responses to traumatic events can occur immediately or have a later onset. The individual may not be able to make a connection between the traumatic event and the delayed response. Traumatic responses include inability to cope with daily stresses, issues with memory, attention, and thinking.

PART TWO: Trauma & 988/Crisis Services

You can view part two <u>here</u>

What is 988? [6,7]

- **988 is a new, federally mandated program** established on July 16th, 2022
- Individuals may **call, text, or chat 988** which allows for the provision of crisis services to people experiencing mental health and/or behavioral crisis, and suicidal ideation
  - **Calling services are offered only in English and Spanish** at the moment, although there are translation services for more than 250 languages
- Since the emphasis surrounding mental health is increasing and stigma is breaking down in the US, there is a **need to improve access** to mental and behavioral health services and care
  - The push to create 988 was further motivated by individuals primarily utilizing 911 which led to further trauma and distress in midst of experiencing behavioral issues
- Mass marketing of 988 began in Spring of 2023, focusing on communities who are at **higher risk** and are made aware of these services
- Currently, 988 is in the **first stage** of rollout where individuals experiencing distress may call for themselves with the call answered by licensed clinicians
- Physical help at the time of the call is currently not available, however, **clinicians will refer** individuals to resources and programs which may offer help

Calling 988 will NOT cause an individual to be involuntarily committed as the person must meet certain requirements

What Training Have 988 Responders Received? [6,7]

- **All responders for 988 are trauma informed counselors** trained in motivational interviewing, intentional peer support, appreciative inquiry
- Assessment of the individual occurs over the phone, after listening to them the counselor will then determine the appropriate resources to deliver such as:
  - Warm transfer to more relevant services tailored to the individual's needs
- **Counselors make the call to move peers towards a pathway of wellness, recovery and prevent further traumatization**
- Counselors are trained in DEI and the most current, available resources & services
- Counselors bring 988 to communities and communicate to individuals that they deserve access to help

What is Working Well?

- Through the calls, individuals are being connected with **necessary resources and services,** and are following through with the suggestions made by counselors
- 988 is helping to **reduce stigma** and helps to connect individuals to services and resources that they need
- The service continuously **works to maintain** equity, reach broad audiences and **underserved** communities such as veterans, elderly, rural areas

What are the Challenges?

- Current challenges include **staff shortages** which is partly why mass marketing has not occurred. Instead, 988 is being strategically marketed to specific communities
- There is a need to **shift** the **culture** around seeking help for mental health issues and using the resources available to the individual
- Making necessary services, such as **expanding languages** for calling services, available to the infrastructure will take time
- Individual's **fear** of law enforcement being involved **prevents** individuals from utilizing the service
- Currently, an individual's location will not be identified, so if they are in **imminent danger** (risk of self-harm/injury) they will be required to identify their location and will be transferred to 911

Some states do not have existing crisis lines and are working on **building the infrastructure from ground up**, which will take considerable time to coordinate with 988.

988 in the Southeast: Resources

National 988 Resources

988 National Website
National Warm-line Directory

Regional 988 Resources

ALABAMA

988 Alabama Info
Crisis Centers and CMHC Information
Alabama State and National Warm-lines

FLORIDA

988 in Florida and Crisis Resources
988 Preparation
Database of Statewide Mental Health Resources (*crisis*, *education*, *treatment/medication*)

KENTUCKY

988 Kentucky and List of all Call Centers
List of Community Mental Health Centers

GEORGIA

988 Georgia Info
GCAL Crisis App
Georgia State Peer Warm-line
Georgia Crisis Resources

MISSISSIPPI

List of Mobile Crisis Response Teams
List of Crisis Stabilization Units
Overall Directory of Services

Warm-lines are a free and confidential phone number to call when you need to speak to someone, **regardless of crisis status**, a trained peer will be on the other line to provide support

NORTH CAROLINA

988 North Carolina Info
Crisis Solutions Directory
NAMI North Carolina General Resources

SOUTH CAROLINA

988 South Carolina Info
Local and National resources
Mental Health Center Directory

TENNESSEE

988 Tennessee Info
Current Mobile Crisis Services
Crisis Stabilization Units

PART THREE: Mental Health and the Holidays

You can view part three here

Mental Health, Substance Use and the Holidays

According to a study from the APA, **41%** of people of surveyed are more likely to report an increase in stress during the holiday season [13]

- A NAMI administered survey reported **64%** of people with a diagnosed mental illness experience worse conditions during the holiday season (Thanksgiving-New Year's) [14]

Drug overdose rates in Georgia rose from 21.5 per 100,000 between July-September of 2021 to **23.1 per 100,000** in October-December [15]
This is a significant increase from October-December of 2020 where the rate was 17.9 per 100,000 [15]

- People report having their existing mental issues exacerbated due to dealing with family and cultural expectations, reminding what an individual may lack [16,17]
- Holidays may remind people of traumatic and difficult times in their lives, but also can help them to acknowledge feelings and set boundaries with individuals and enjoy the day by doing other activities [16,17]
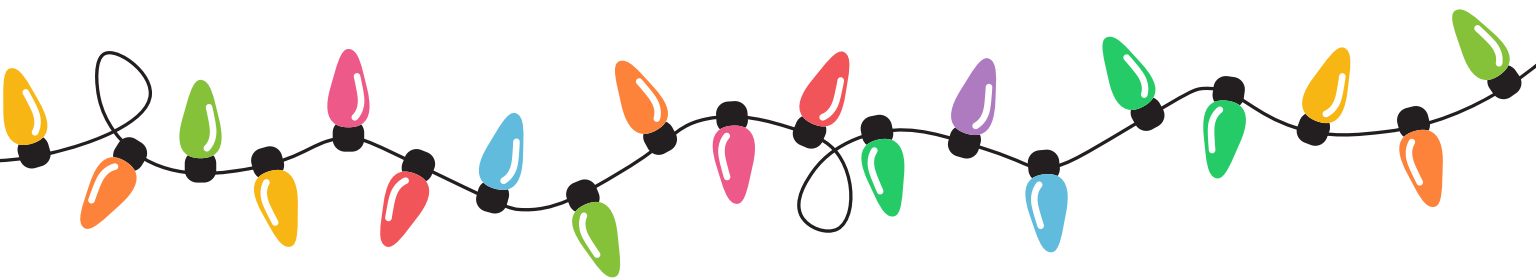
SAY NO!

It is okay and important to say no and make sure to not over commit to social responsibilities, or overindulge with food and alcohol

Individuals have the right to say they are not going anymore and to change their mind

Set boundaries when attending holiday events especially for individuals in recovery

Acknowledge complicated family dynamics and try to limit time spent around them if it increases stress

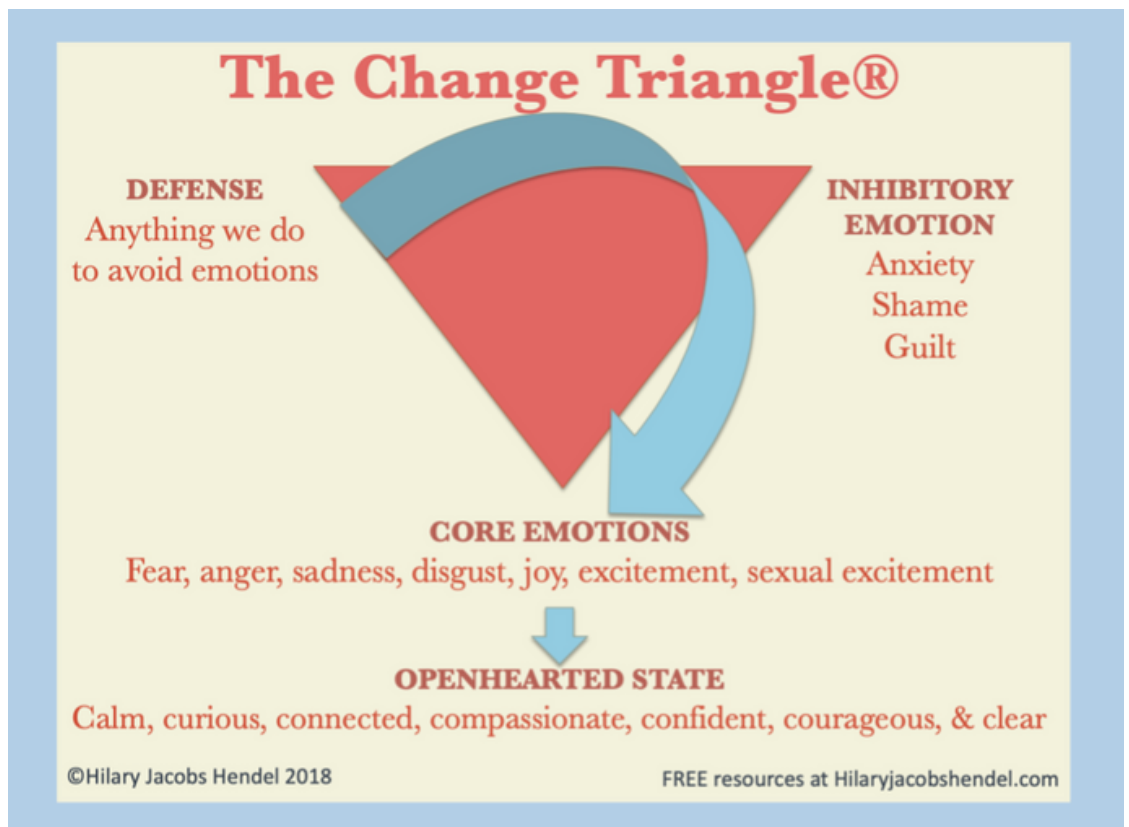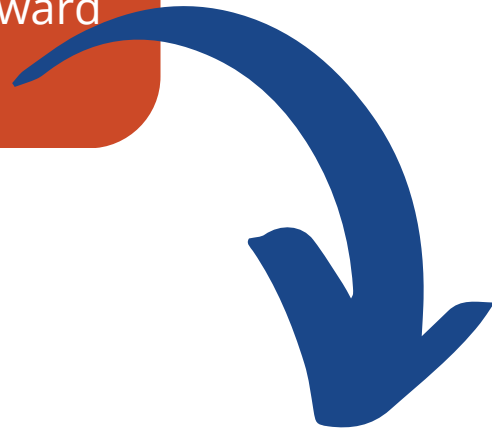Be around individuals who are supportive of all **RECOVERY!**

Take time for oneself and incorporate self-care such as exercise to ease anxiety and depression

Seek out community through volunteering in your local area to ameliorate feelings of loneliness

Try The Change Triangle [19]

Steps to take:

1. Identify what you are experiencing
2. Pause to breathe and calm yourself
3. Name the core emotions you are feeling in that moment
4. Listen(without judgement) to what your emotions are telling you
5. Think through how to move forward

The Change Triangle®

DEFENSE
Anything we do to avoid emotions

INHIBITORY EMOTION
Anxiety
Shame
Guilt

CORE EMOTIONS
Fear, anger, sadness, disgust, joy, excitement, sexual excitement

OPENHEARTED STATE
Calm, curious, connected, compassionate, confident, courageous, & clear

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