Session # A3

Planning and Delivering Trauma-Informed, Team-Based Tobacco Cessation Treatment

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Faculty Disclosure

The presenters of this session have NOT had any relevant financial relationships during the past 12 months.

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Conference Resources

Slides and handouts shared by our conference presenters are available on the CFHA website at https://www.cfha.net/page/Resources_2019 and on the conference mobile app.

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Learning Objectives

At the conclusion of this session, the participant will be able to:

- Identify how trauma is a factor in tobacco use trends and long-term health problems associated with smoking and use of other tobacco products.
- Discuss how exposure to trauma influences people's ability to quit smoking and their reaction to tobacco cessation treatment in team-based, integrated medical care settings.
- Apply trauma-informed care principles in planning and delivering tobacco cessation treatment services.

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Bibliography / Reference

1. Substance Abuse and Mental Health Services Administration. (2014). *SAMHSA's concept of trauma and guidance for a trauma-informed approach*. (HHS Publication No. SMA 14-4884). Rockville, MD: Substance Abuse and Mental Health Services Administration. Retrieved from https://store.samhsa.gov/product/SAMHSA-s-Concept-of-Trauma-and-Guidance-for-a-Trauma-Informed-Approach/SMA14-4884
2. Berman, H., Mason, R., Hall, J., Rodger, S., Classen, C. C., Evans, M. K., . . . Al-Zoubi, F. (2014). Laboring to mother in the context of past trauma: The transition to motherhood. *Qualitative Health Research, 24*(9), 1253-1264. https://doi.org/10.1177%2F1049732314521902
3. American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Arlington, VA: Author.
4. Harris, M. E., & Fallot, R. D. (Eds.). (2001). Using trauma theory to design service systems. *New Directions for Mental Health Services, 89.* San Francisco, CA: Jossey-Bass.
5. Gearon, J. S., Kaltman, S. I., Brown, C., & Bellack, A. S. (2003). Traumatic life events and PTSD among women with substance use disorders and schizophrenia. *Psychiatric Services, 54*(4), 523-528. https://doi.org/10.1176/appi.ps.54.4.523

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Learning Assessment

- A learning assessment is required for CE credit.
- A question and answer period will be conducted at the end of this presentation.

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Trauma-Informed Tobacco Cessation Treatment

Planning and delivering optimal care to individuals who have experienced trauma requires evidence-based treatments applied by trained, competent service providers for successful tobacco cessation and better health outcomes.

ADULT WITH SERIOUS MENTAL ILLNESS

Research has shown that individuals with mental illness are more likely to smoke and that its more difficult for them to quit than individuals without such disorders.

60%

OF DEATHS ARE PREMATURE DUE TO PREVENTABLE MEDICAL CONDITIONS FOR PERSONS WITH SCHIZOPHRENIA[6]

40%

OF ALL CIGARETTES SMOKED BY ADULTS WITH MENTAL ILLNESS[7]

25%

OF THE ADULT POPULATION HAS A MENTAL ILLNESS[7]

25Y

THE NUMBER OF LIFE LOST BY PERSONS WITH MENTAL ILLNESS DUE TO PREVENTABLE CAUSES[6]

The World Health Organization Issues A Tobacco Accord Treaty

The World Health Organization - Framework Convention on Tobacco Control (WHO FCTC) is the first treaty negotiated under the sponsorship of the World Health Organization or WHO.

This is an evidence-based treaty designed to reaffirm the right of all people to the highest standard of health by addressing the worldwide tobacco epidemic. **This is one of the most widely embraced treaties in UN history.**

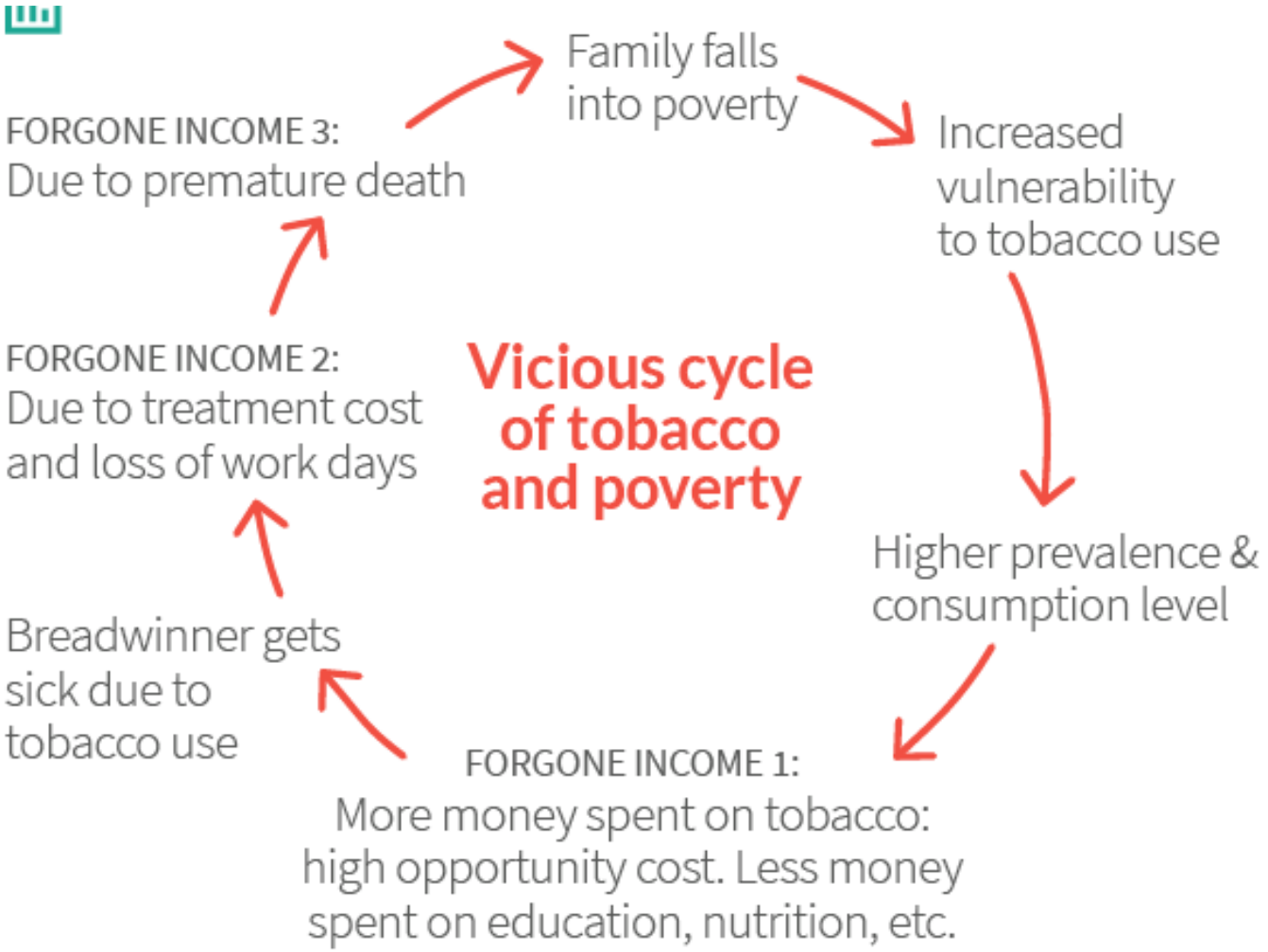
Connection Between Tobacco and Poverty

When we examine some of the risk factors linked to tobacco use:

- Low income
- Low level of education
- Mental illness

We can see the impact tobacco use can have beyond just the known health risks - time lost at work due to illness, spending on tobacco products that takes money away from food, shelter, health, and ability to pay for education.

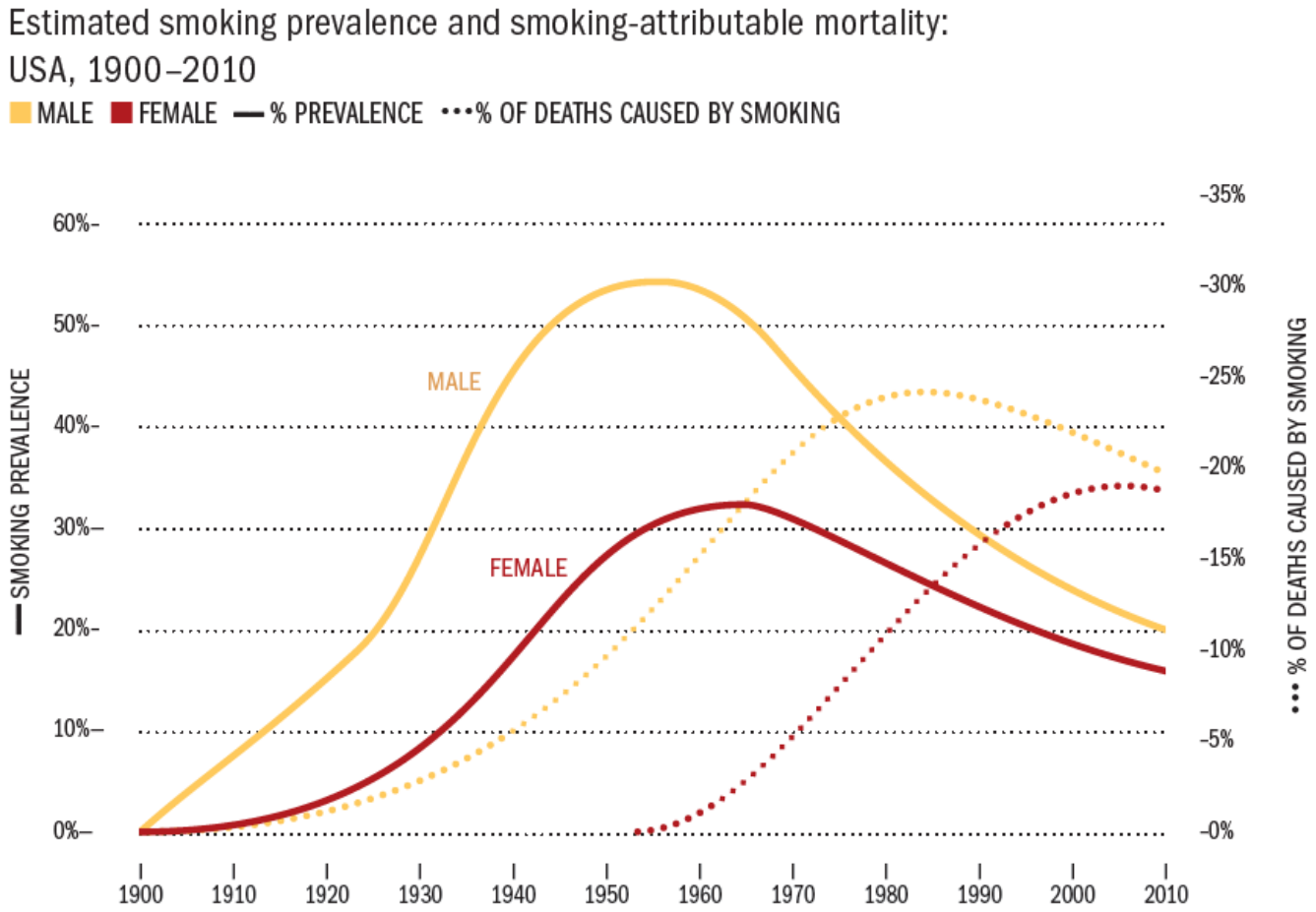
Helping individuals stop tobacco use can improve their health, economic and educational opportunities.



. "Vicious Cycle of Tobacco and Poverty," by American Cancer Society, 2018, *The Tobacco Atlas Sixth Edition*. Reprinted by the permission of the American Cancer Society, Inc. www.cancer.org. All rights reserved.

What is the Smoking Prevalence in the USA?

- From this graph you can see that smoking prevalence was at its peak for men in the mid-1950's and for women in the mid-1960's
- Prevalence of smoking has been on the decline
- Rates of death between men and women are very similar despite the fact that significantly more men than women smoke



Rates of Use: Age and Gender

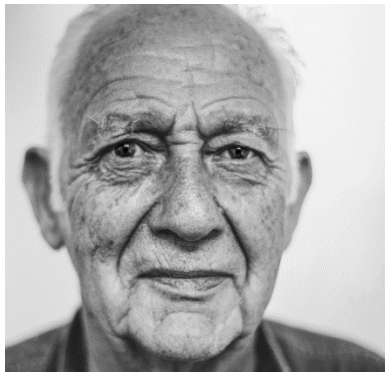
Adolescents (<18 years)

Smoked in the last 30 days:

- 2.2% of middle schoolers
- 8% of high schoolers

Report smoking:

- 7% of eighth graders
- 13% of tenth graders
- 20% of twelfth graders.



Older adults (>65 years)

Smoking prevalence of 8.8%

Young adults (age 18-24 years)

Smoking prevalence of 13.1%

Pregnant women

- 8.4% report smoking at any point during pregnancy
- 10.9% report smoking in the 3 months prior to pregnancy.[4]

Women who have experienced violence, abuse, or trauma are also at a greater risk for tobacco use.[3]

Tobacco Use by Culturally-Significant Populations

LGBTQ

20.6% LGB and 35.5% transgender people smoke at rates higher among both adolescents and adults in general population.[2]

Minorities

Smoking is higher overall and quit rates are lower than the general population.[20]

Low SES

Individuals living in poverty are more likely to smoke.[21,22]

Treatment for Older Adults and Minorities

- **Older Adults:**
- May be less likely to receive smoking cessation medications
- Their mobility, complex medical conditions, and other medications may complicate treatment and limit options
- Should be offered counseling interventions, physician advice, support programs, age-tailored self-help materials, and medically appropriate medication

- **Minorities:**
- Differ by racial and ethnic group in quit rates and use but have lower quit rates overall
- Have a strong desire to quit and have a high attempt rate across groups

What is the Role of Tobacco Dependence Treatment Within a Comprehensive Tobacco Control Program?

Cessation Interventions:

- Key part of comprehensive tobacco control programs is to:
    - **Promote health system change**
    - Expand insurance coverage of proven cessation treatments; and
    - Supporting state quit line capacity

- Tobacco Treatment Specialists have a key role in promoting health system change by integrating tobacco treatment activities and interventions into routine clinical care (i.e. screening, assessment, treatment and education).

What is Trauma?

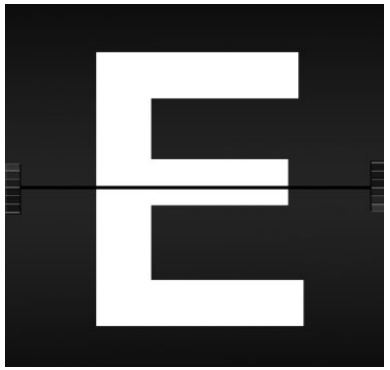
- Defined differently across the disciplines
- Individuals may define trauma based on their own experiences
- A traumatic event for one person may not be traumatic for another

Defining Trauma

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

Interpersonal trauma is the “disruption in trusted relationships as the result of violence, abuse, war or other forms of political oppression, or forced uprooting and dislocation from one’s family, community, heritage, and/or culture.”

The 3 E’s



Event

Experience

Effect

Types of Trauma

- Experiencing or observing physical, sexual, and emotional abuse
- Childhood neglect
- Elder abuse and neglect
- Having a family member with a mental health or substance use disorder
- Being bullied
- Parent incarceration
- Being in an accident (car other type of transportation, recreation vehicle, etc.)
- Serious, painful illness and medical procedures that threaten life
- Experiencing or witnessing violence in the community or while serving in the military
- Poverty and systemic discrimination
- Racial or ethnic violence or oppression
- Loss of life or home from natural disasters

Post-Traumatic Stress Disorder

Factors in the Diagnostic Criteria:

- Exposure to a traumatic event
- Intrusion or re-experiencing of traumatic events
- Avoidant symptoms
- Negative alterations in mood or cognitions
- Increased arousal symptoms
- Symptoms lasting at least a month
- Symptoms seriously affect one’s ability to function
- Not due to substance use, medical illness or anything except the event itself

Effects of Trauma

- Physical
- Emotional or Cognitive
- Spiritual
- Interpersonal
- Behavioral

Prevalence of Trauma

- In the general population, up to 80% of people have experienced one or more traumatic events.
- Persons with a history of depression or anxiety are more likely than others to develop PTSD following exposure to trauma.[5]
- 60% of women and 30% of men with a substance use disorder (SUD) and a comorbid severe mental illness reported a history of physical trauma.

Adverse Childhood Experiences (ACEs)

- Adverse Childhood Experiences describe types of abuse, neglect, and other traumatic experiences that occur to individuals under the age of 18.

Did you know?

These are the most common examples of various products made from the tobacco plant. Statistics from the Surgeon Generals 2012 fact sheet titled Preventing Tobacco Use Among Youth and Young Adults states that “almost no one starts smoking after the age 25. **Nearly 9 out 10 smokers started smoking by age 18 and 99% started by age 26.** 3 out of 4 teen smokers end up smoking into adulthood, even if they intend to quit after a few years.

MAKING IT EASIER TO IDENTIFY TOBACCO AND NICOTINE PRODUCTS

Review these pictures of smoking, vaping, heated tobacco and smokeless tobacco products.

SMOKING PRODUCTS

Combustible tobacco products are lit and when they burn produce a large number of carcinogens and other harmful chemicals. Smoke from the tobacco product is inhaled into the lungs or can be just taken into the mouth and blown back out or retro-haled. Retro-haling is when the user takes the smoke into their mouth and blows it out through their nose. Smoking is the leading preventable cause of death in the United States.

Reference: U.S. Department of Health and Human Services. The Health Consequences of Smoking: 50 Years of Progress. A Report of the Surgeon General. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2014. Printed with corrections, January 2014.

Cigarettes | Cigars & Cigarillos | Kretek (Clove Cigarette) | Bidis | Hookah | Pipe

VAPING PRODUCTS

Vaping is most commonly referred to as inhaling and exhaling vapor produced by an Electronic Nicotine Delivery System, also known as ENDS. In these ENDS products, the flavored e-liquid with or without nicotine is heated but not burned which forms a vapor or aerosol instead of smoke. There are a number of different ENDS products on the market -- E-cigarettes, Vape Pens, Juul, and Personal Vaporizers. E-cigarette vapor generally contains fewer toxic chemicals than found in regular cigarettes; however, e-cigarette vapor is not harmless. It can contain harmful substances, such as nicotine, heavy metals, volatile organic compounds, and cancer-causing agents.

Reference: Electronic Cigarettes: What's the Bottom? (2018). Retrieved from CDC: https://www.cdc.gov/tobacco/basic_information/e-cigarettes/pdfs/Electronic-Cigarettes-Infographic-508.pdf.

Electronic cigarette | Vape Pens | Juul | Personal Vaporizers / Mods

Discussion

ACEs -- Biopsychosocial Risks and Health Outcomes

The cycle starting with the childhood trauma, the social and emotional impairments, and the dysfunctional, destructive coping mechanisms, and the poor health outcomes.

ACEs Statistics

68%
of adults have at least 1 ACE

40%
of adults have at least 2 ACEs

15%
of adults have at least 4 ACEs

People with 1 ACE have an 87% chance of having 2 or more.

People with 4 or more ACEs compared with those with none have:

- 1220% increased risk of suicide attempts
- 1000% increased risk of intravenous drug use
- 460% increased risk of depression
- 430% increased risk of alcohol abuse
- 400% increased risk of experiencing intimate partner violence
- 250% increased rate of smoking

People with 6 or more ACEs die nearly 20 years earlier on average than those without ACEs.

ACEs Progression

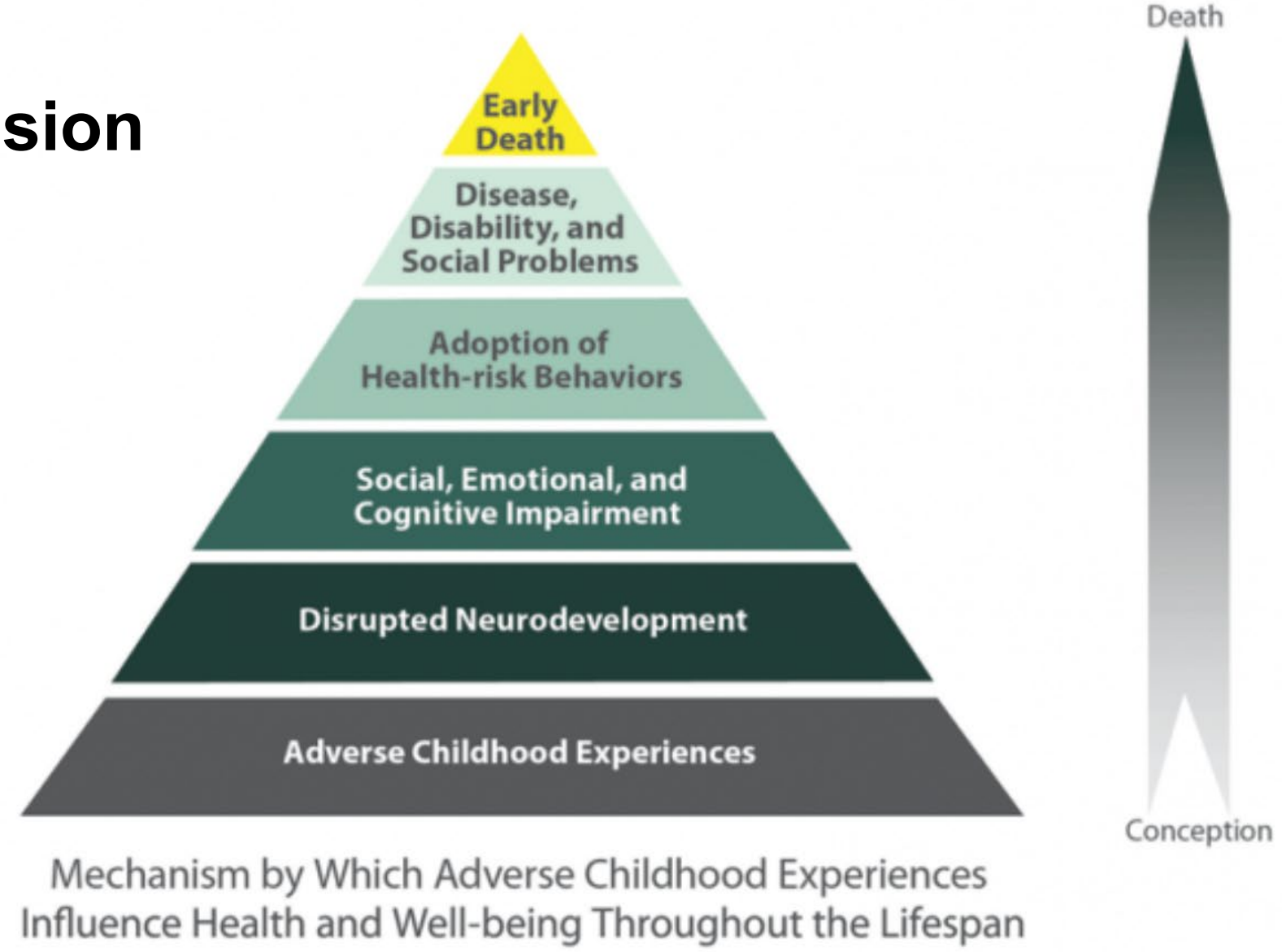


Figure 1. “Relationship between Risk Factors and Negative Outcomes.” by Centers for Disease Control and Prevention, 2016, *About the CDC-Kaiser ACE study*. Retrieved from https://www.cdc.gov/violenceprevention/acestudy/about.html

Adverse Childhood Experiences vs. Smoking as an Adult

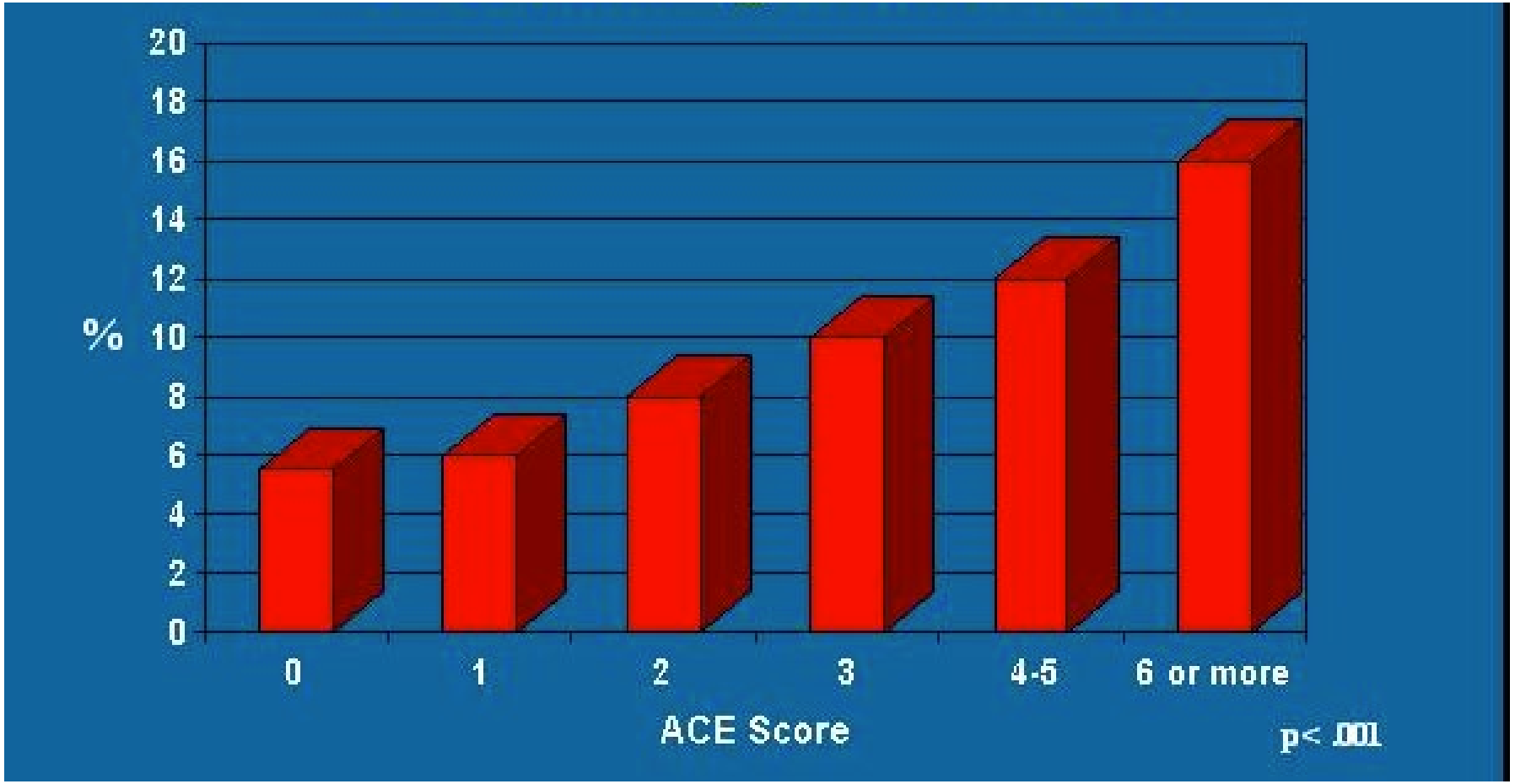


Figure 2. Figure 2. “Adverse Childhood Experience vs. Smoking as an Adult.” Adapted from *Adverse childhood experiences and their relationship to adult well-being and disease: Turning gold into lead*, by R. Anda and V. Felitti, 2012 [PowerPoint Slides]. Retrieved from https://www.thenationalcouncil.org/wp-content/uploads/2012/11/Natl-Council-Webinar-8-2012.pdf

Beyond the Original ACE Types

Studies and Surveys Expanding the Types of ACEs

- Witnessing a sibling being abused
- Witnessing violence outside the home
- Witnessing a father being abused by a mother
- Being bullied by a peer or adult
- Involvement with the foster care system
- Living in a war zone
- Living in an unsafe neighborhood
- Losing a family member to deportation
- Adolescent versions have been developed

Trauma and Tobacco Use Facts

- Trauma is one of the leading risk factors in tobacco dependence.
- People who have experienced trauma have a greater risk of using tobacco earlier in life, an increased risk of lifelong tobacco dependence, and have more complex tobacco-related illnesses and disease.
- Childhood trauma is associated with persistence of cigarette smoking over time.

Trauma and Tobacco Use Statistics

- The rates of current cigarette smoking and nicotine dependence have been shown to be three times higher for individuals with PTSD than those in the general population.
- PTSD and smoking rates for women are between 40%–86%.
- PTSD and smoking rates for men are between 34%–61%.

Women’s Tobacco Cessation Treatment and Challenges

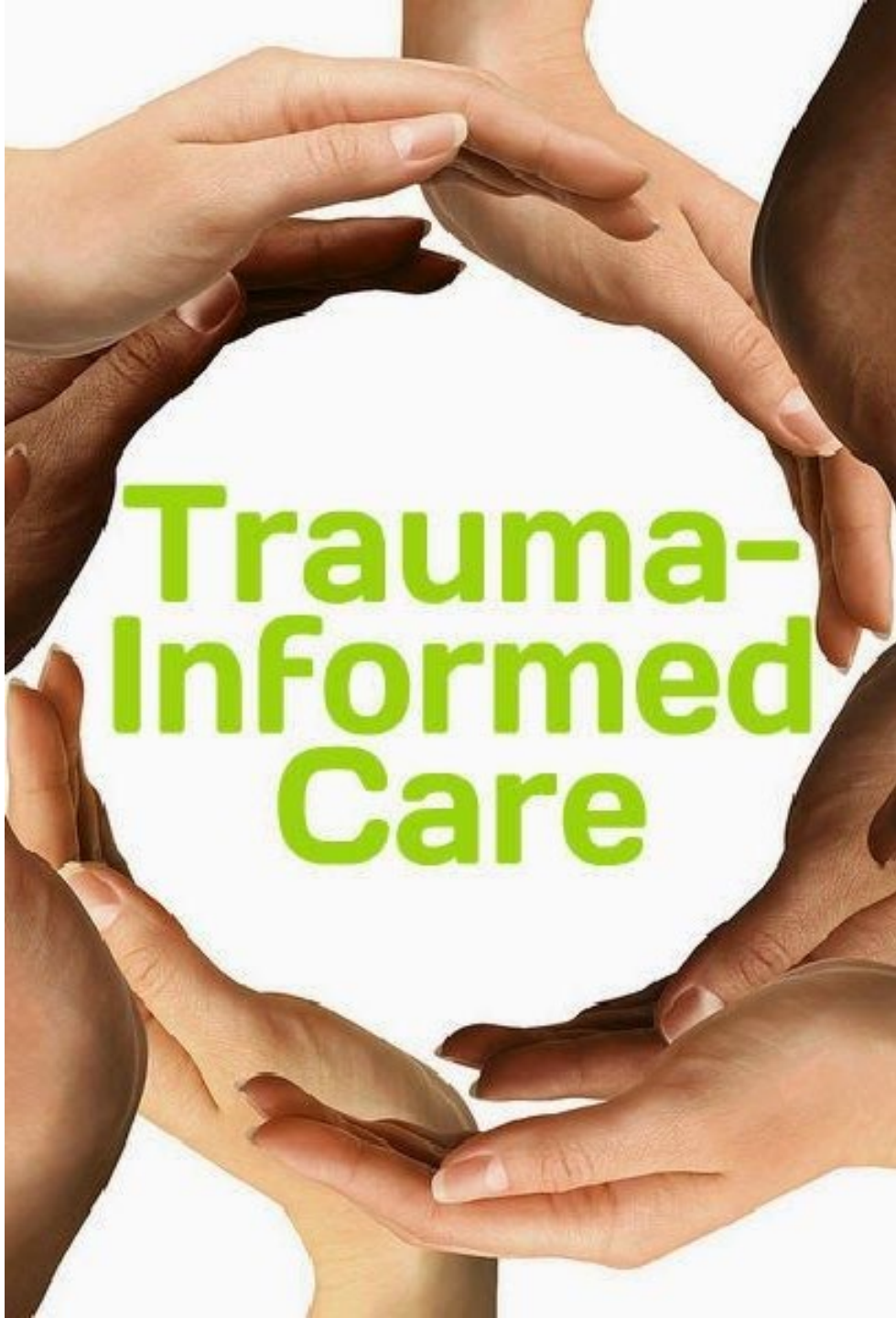
- Consistently lower than those among men.
- Medication is not recommended.
- Higher rate of nicotine metabolism, leading to increased usage.
- Influenced by smoking community and fears of weight gain following cessation.
- Lower confidence and motivation and increased stress during cessation attempts.

Need for Trauma-Informed Tobacco Cessation Services

High prevalence of trauma in people with tobacco dependence supports the need for trauma-informed services for all people.

Trauma-Informed Care

- Not a prescriptive model or manualized practice
- A paradigm that underpins organizations and those who help others
- Trauma-informed care 4 R's -- key elements:
  - **Realize**
  - **Recognize**
  - **Respond**
  - **Resist re-traumatization**
- Does not require disclosure!



Six Principles of Trauma-Informed Care

As we go through each of these principles, use your worksheet to write down how you and your organization can build a Trauma-informed tobacco cessation treatment program.

1. Safety
2. Trustworthiness and transparency
3. Empowerment, voice, and choice
4. Collaboration and mutuality
5. Peer support
6. Cultural, historical, and gender

Discussion

Safety – Physical and Psychological Environments

Why do you think that safety is so important?

How does your organization ensure safety into the physical environment? The treatment environment?

Trustworthiness and Transparency

- Transparent communication
- Providers and staff self-awareness
- Adjusts treatment pace and goals
- Person in care and family feedback
- Linkages to trauma-informed care partner for referrals

Empowerment and Collaboration

Empowerment, Voice, and Choice

- Strength-based
- Skill-building
- Autonomy is a central tenant
- Builds on a belief in recovery
- Validates individual and family's experience and beliefs (person-centered)
- Activates and promotes individual, family, organization, and community resilience

Collaboration and Mutuality

- Partnership between the person in care, providers, and organization is critical
- Need to reduce power differences among all involved in the treatment relationship is key
- Everyone understands and participates appropriately in shared-decision making.
- Everyone contributes in the healing process.

Discussion

Cultural, Historical, and Gender

What could you do to help avoid re-traumatizing someone who has experience trauma because of their cultural or social identity?

Peer Support and Mutual Self-Help

- Help to build trust, feelings of safety and empowerment, and collaboration by sharing lived trauma experiences without re-traumatizing
- Ideally, peers are from the person's own cultural group and/or are able to apply culturally competent support
- Mutual self-help is key in building resilience and self-efficacy
- Support groups that are facilitated by peers
- Individuals in the community who are willing to provide support (e.g. sponsors, mentors)

Trauma-Informed Care Implementation Strategies

Organizational Steps

- Engage individuals in treatment in planning
- Train and support all providers and staff
- Create safe physical environments
- Prevent secondary traumatic stress in staff
- Hire trauma-informed staff when possible

Clinical Steps

- Assess for trauma
- Develop resiliency and coping skills in those seeking care and their families
- Focus on strengths, not deficits of those seeking care, staff, and community partners
- Stay present and centered in all interactions
- Train and update trauma-informed treatment competencies and practices

Individualized Care

Use a person-centered care approach that focuses on identifying and addressing social determinants of health.[2,3]

- ✓ Economic stability
- ✓ Transportation
- ✓ Culture
- ✓ Religion
- ✓ Preferences and Interests
- ✓ Strengths
- ✓ Housing

- ✓ Access to Care
- ✓ Mental Health & Physical Health
- ✓ Health Behaviors (e.g. tobacco use)
- ✓ Medications
- ✓ Education
- ✓ Social and Community Context
- ✓ Neighborhood and Built Environment

Tobacco Treatment Specialist Code of Ethics for Providers

A Tobacco Treatment Provider agrees to all of the following:[36]

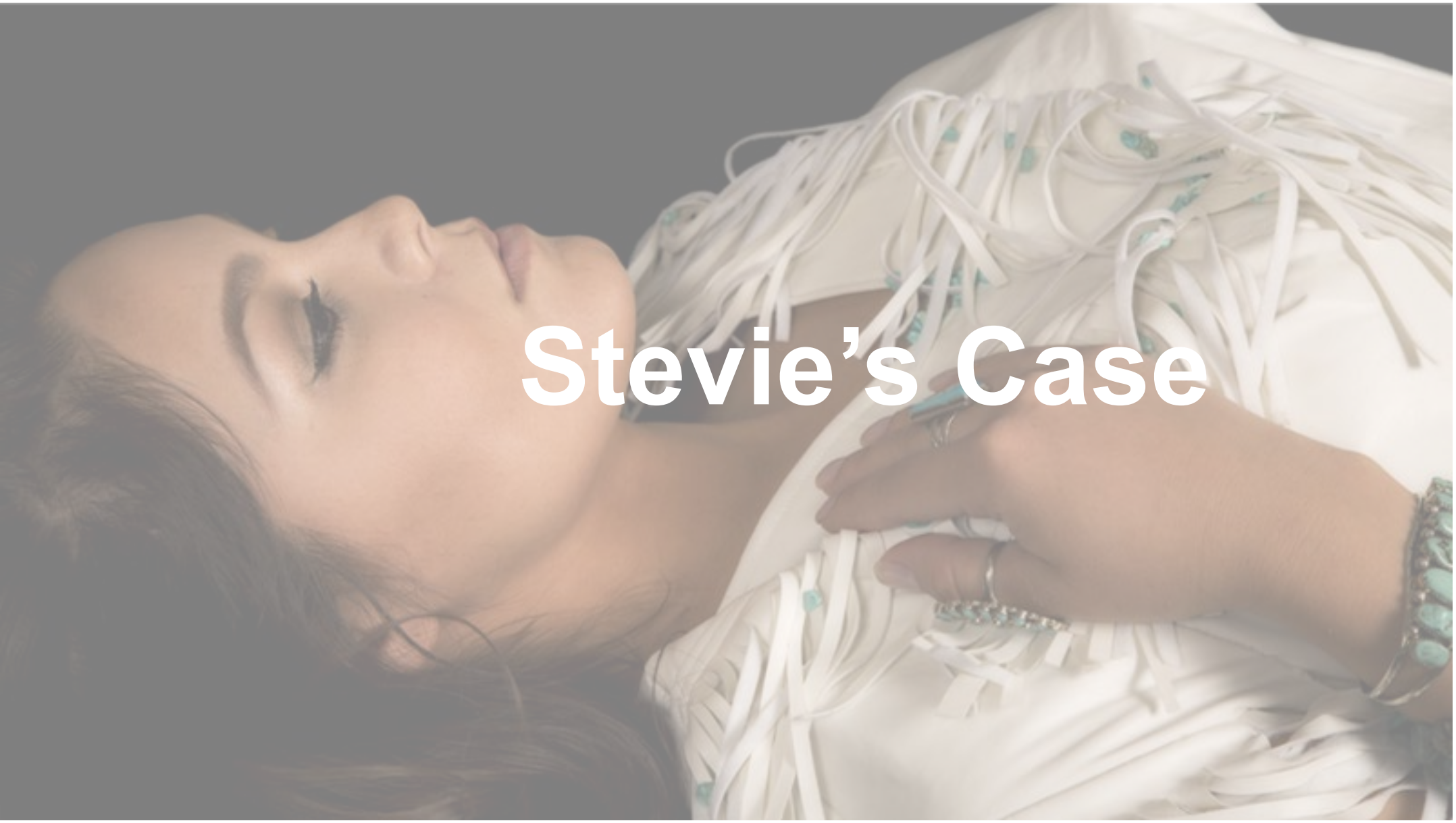
- ✓ Tobacco Treatment Providers respect the privacy, dignity, perspectives, and cultures of all individuals, and ensure fair and equitable treatment for all patients.
- ✓ Tobacco Treatment Providers observe principles and organizational policies regarding informed consent and confidentiality of individuals.
- ✓ Tobacco Treatment Providers provide patients with all the relevant and accurate information and resources they need to make well-informed decisions regarding tobacco use and the treatment for tobacco dependence.
- ✓ Tobacco Treatment Providers accurately represent their capabilities, education, training and experience, and act within.
- ✓ Tobacco Treatment Providers are truthful in dealings with the public and never misrepresent or exaggerate potential treatment benefits or services.
- ✓ Tobacco Treatment Providers avoid activities which may be or may be perceived to be a conflict of interest or unethical in nature.
- ✓ Tobacco Treatment Providers fulfill their professional obligation to maintain the highest possible level of competence through continued study and training as required to maintain their certification.
- ✓ Tobacco Treatment Providers are tobacco-free. This includes no use of e-cigarettes or vaporizers, which are classified as tobacco products. If a Tobacco Treatment Provider begins using tobacco, they must discontinue the provision of tobacco treatment until they are again tobacco and vape free, engage in evidence-based tobacco treatment, and only resume provision of tobacco treatment once they are again tobacco-free.

Group Activity

- **Building Your Own Trauma-Informed Services – Action Worksheet**

Look over your ideas that you have noted on your worksheet and discus the following questions with a small group:

1. How does your organization integrate trauma-informed care principles into policies, procedures, and service delivery processes and take steps to avoid retraumatizing the people it serves?
2. How do you integrate trauma-informed care principles into your work and take steps to avoid re-traumatizing the people you serve?
3. What steps can your organization take ***now*** to provide or facilitate better trauma-informed care?
4. What steps can you take ***now*** to provide or facilitate better trauma-informed care?
5. What partnerships, resources, policies, etc. are needed to improve trauma-informed care services in your community?
6. Looking at the following case, how would a trauma-informed care tobacco cessation program provide treatment for this patient?


Stevie’s Case

National Certification in Tobacco Treatment Practice (NCTTP)

There are eligibility requirements to become certified as a NCTTP. These requirements are listed here.

✓Candidate must provide evidence of one of the following.

a. High school diploma and 4,000 hours (2 years) of work in a human services area

b. Associates degree and 2,000 hours (1 year) of work in a human services area

c. Bachelor's degree or higher

✓Must pass this course

✓Must acquire 240 hours of tobacco treatment experience within a 2 year period which must be signed off by a supervisor or colleague

✓Must be tobacco free for 6 months prior to applying for certification

✓Must sign a statement verifying that adhere to the Tobacco Treatment Provider Code of Ethics

✓Pay the application fee and exam fee

✓Must pass the national exam

Session Survey

Use the CFHA mobile app to complete the survey/evaluation for this session.

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