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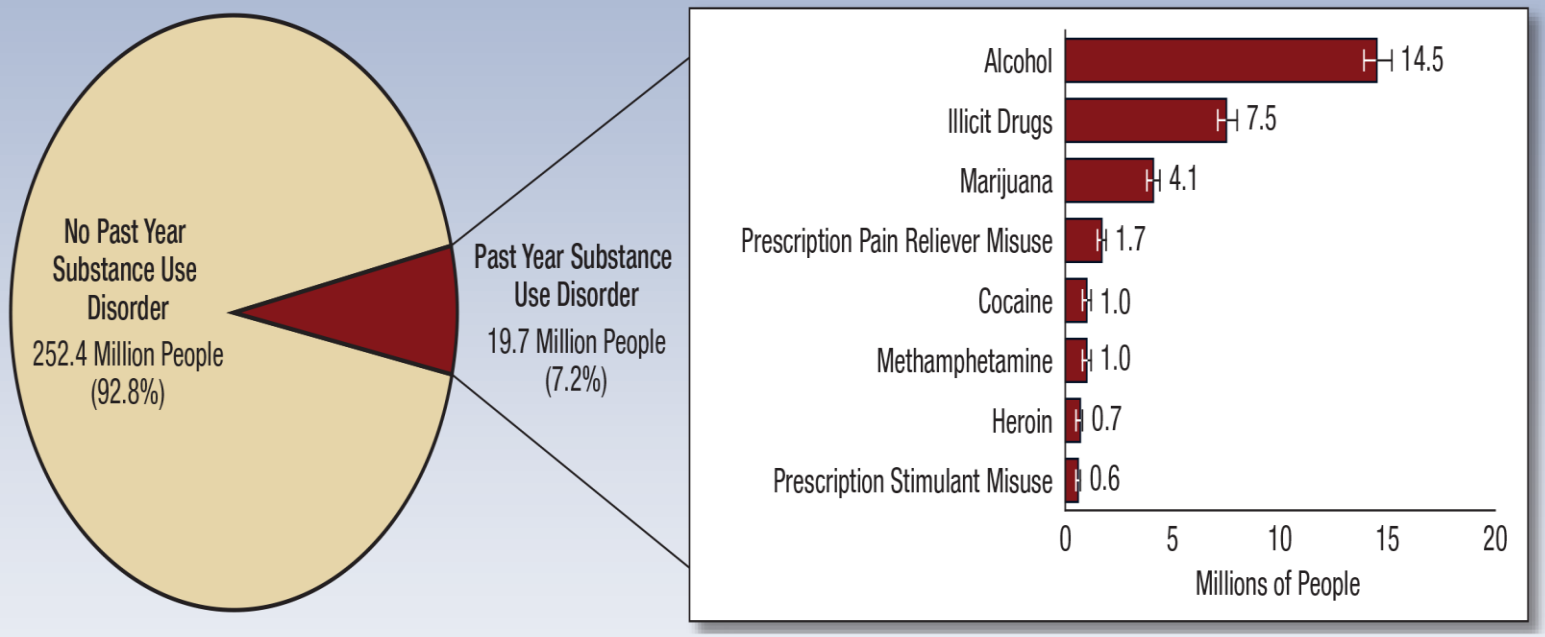
Drinking from the well: Addressing substance use disorders using an empowerment framework

October 25, 2018

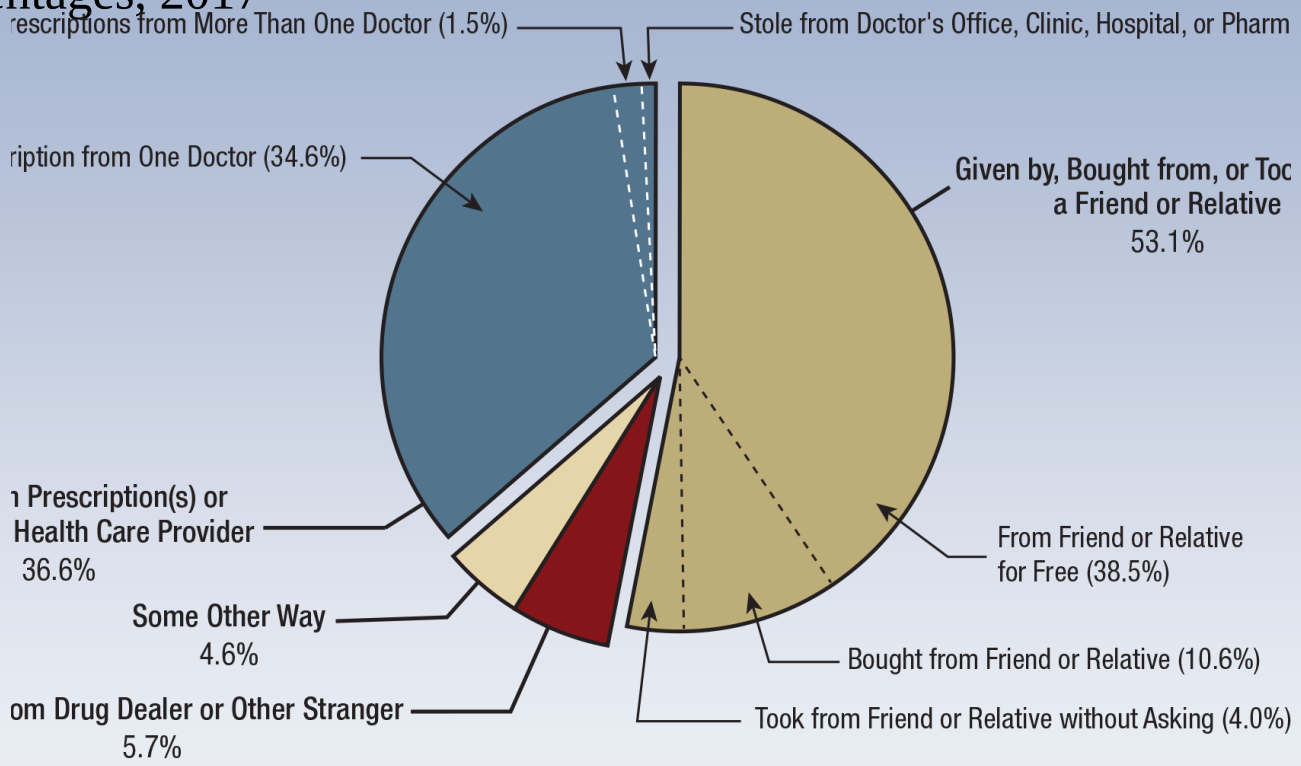
Numbers of People Aged 12 or Older with a Past Year Substance Use Disorder: 2017



Note: Estimated numbers of people refer to people aged 12 or older in the civilian, noninstitutionalized population in the United States. The numbers do not sum to the total population of the United States because the population for NSDUH does not include people aged 11 years or younger, people with no fixed household address (e.g., homeless or transient people not in shelters), active-duty military personnel, and residents of institutional group quarters, such as correctional facilities, nursing homes, mental institutions, and long-term care hospitals.

Note: The estimated numbers of people with substance use disorders are not mutually exclusive because people could have use disorders for more than one substance.

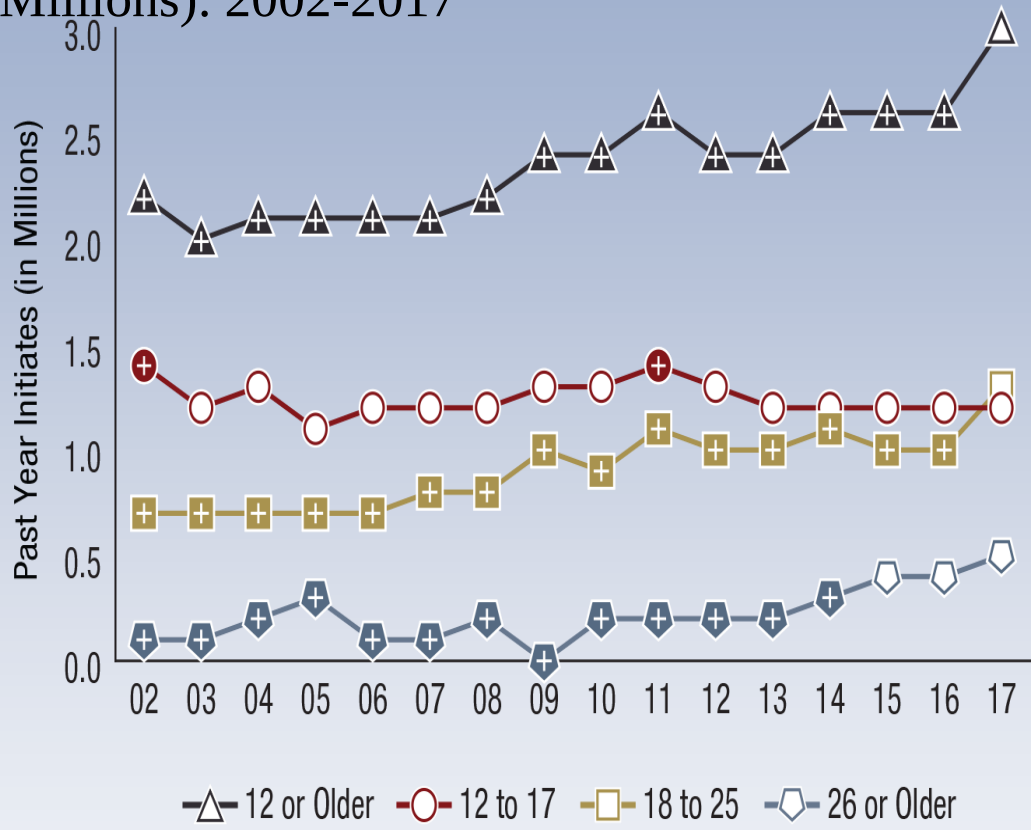
Source Where Pain Relievers Were Obtained for Most Recent Misuse among People Aged 12 or Older Who Misused Prescription Pain Relievers in the Past Year: Percentages, 2017



11.1 Million People Aged 12 or Older Who Misused Prescription Pain Relievers in the Past Year

Note: Respondents with unknown data for the Source for Most Recent Misuse or who reported Some Other Way but did not specify a valid way were excluded.

Past Year Marijuana Initiates among People Aged 12 or Older, by Age Group (in Millions): 2002-2017

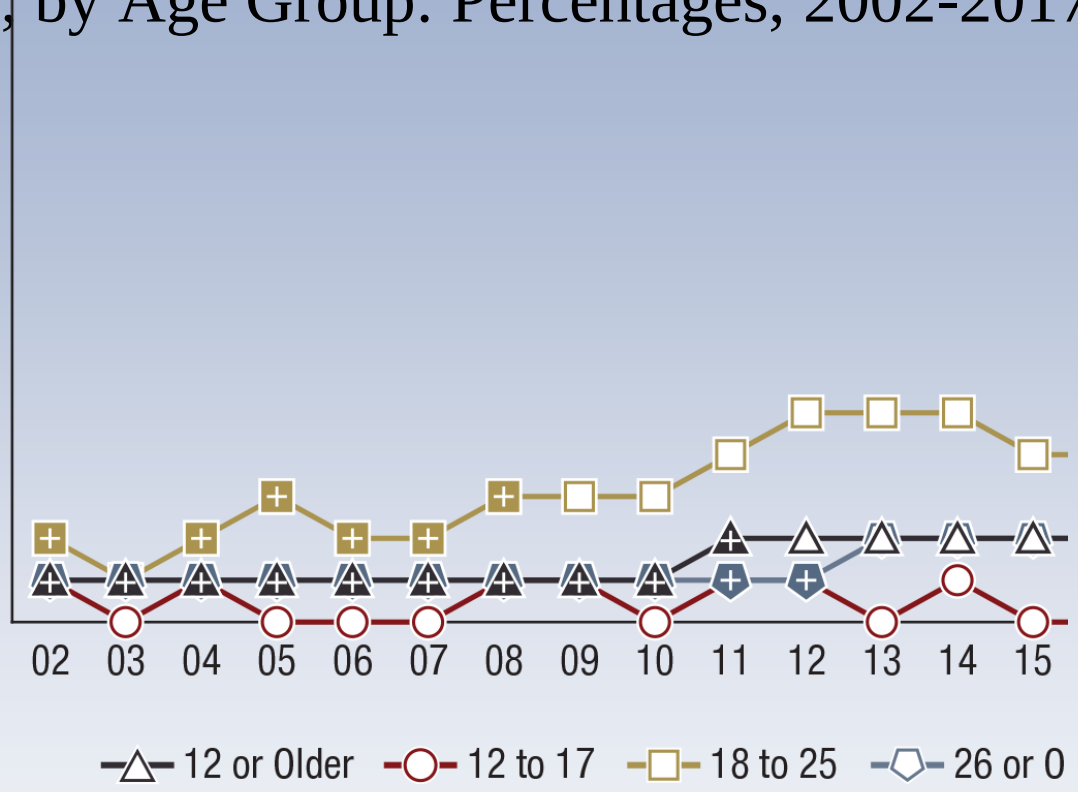


Age Group	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
12 or Older	2.2+	2.0+	2.1+	2.1+	2.1+	2.1+	2.2+	2.4+	2.4+	2.6+	2.4+	2.4+	2.6+	2.6+	2.6+	3.0
12 to 17	1.4+	1.2	1.3	1.1	1.2	1.2	1.2	1.3	1.3	1.4+	1.3	1.2	1.2	1.2	1.2	1.2
18 to 25	0.7+	0.7+	0.7+	0.7+	0.7+	0.8+	0.8+	1.0+	0.9+	1.1+	1.0+	1.0+	1.1+	1.0+	1.0+	1.3
26 or Older	0.1+	0.1+	0.2+	0.3+	0.1+	0.1+	0.2+	0.0+	0.2+	0.2+	0.2+	0.2+	0.3+	0.4	0.4	0.5

Note: Estimates of less than 0.1 million round to 0.0 million when shown to the nearest tenth of a million.

+ Difference between this estimate and the 2017 estimate is statistically significant at the .05 level.

Heroin Use Disorder in the Past Year among People Aged 12 or Older, by Age Group: Percentages, 2002-2017



Age Group	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
12 or Older	0.1+	0.1+	0.1+	0.1+	0.1+	0.1+	0.1+	0.1+	0.1+	0.2+	0.2	0.2	0.2	0.2	0.2	0.2
12 to 17	0.1	0.0	0.1+	0.0	0.0	0.0	0.1+	0.1+	0.0	0.1+	0.1	0.0	0.1	0.0	0.0	0.0
18 to 25	0.2+	0.1+	0.2+	0.3+	0.2+	0.2+	0.3+	0.3	0.3	0.4	0.5	0.5	0.5	0.4	0.4	0.5
26 or Older	0.1+	0.1+	0.1+	0.1+	0.1+	0.1+	0.1+	0.1+	0.1+	0.1+	0.1+	0.2	0.2	0.2	0.2	0.2

Note: Estimates of less than 0.1 percent round to 0.0 percent when shown to the nearest tenth of a percent.

+ Difference between this estimate and the 2017 estimate is statistically significant at the .05 level.

Drinking from the well

Support Not Stigma

High Motivation for Change

Drinking from the well

Evidence-based practices

1. Trauma-informed approach
2. Shame resilience theory
3. Self-determination theory
4. Shared Decision-making and empowerment framework models

Reflexive practices

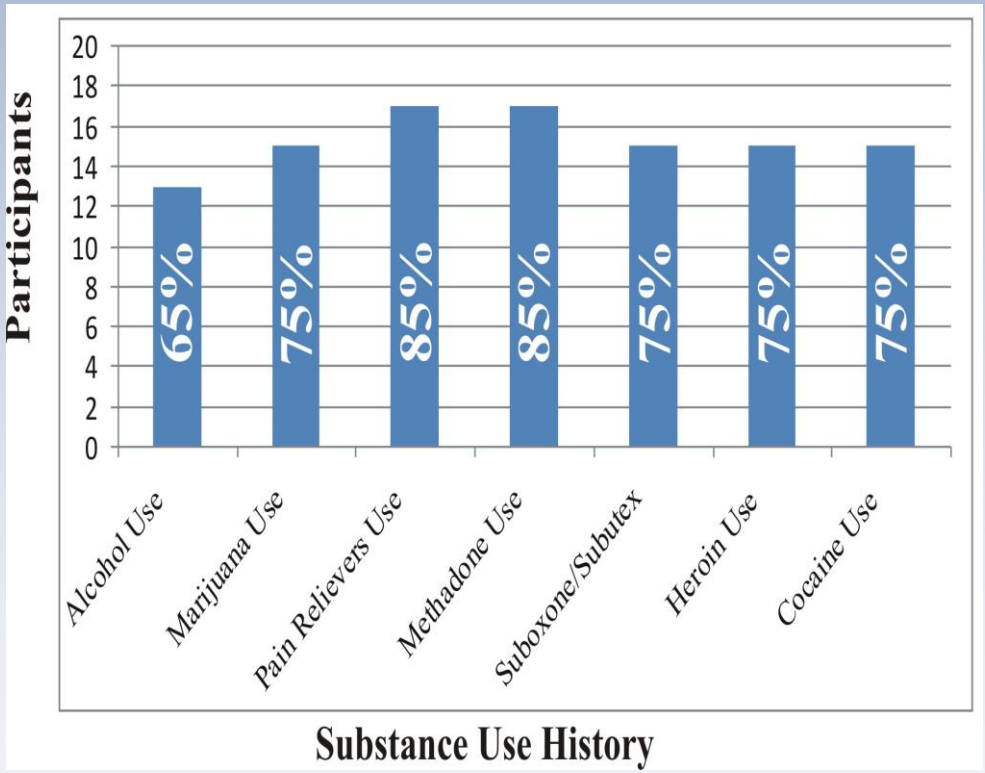
1. Small group exercise
2. Individual reflection

https://www.youtube.com/watch?v=5y2GlmTxpkM

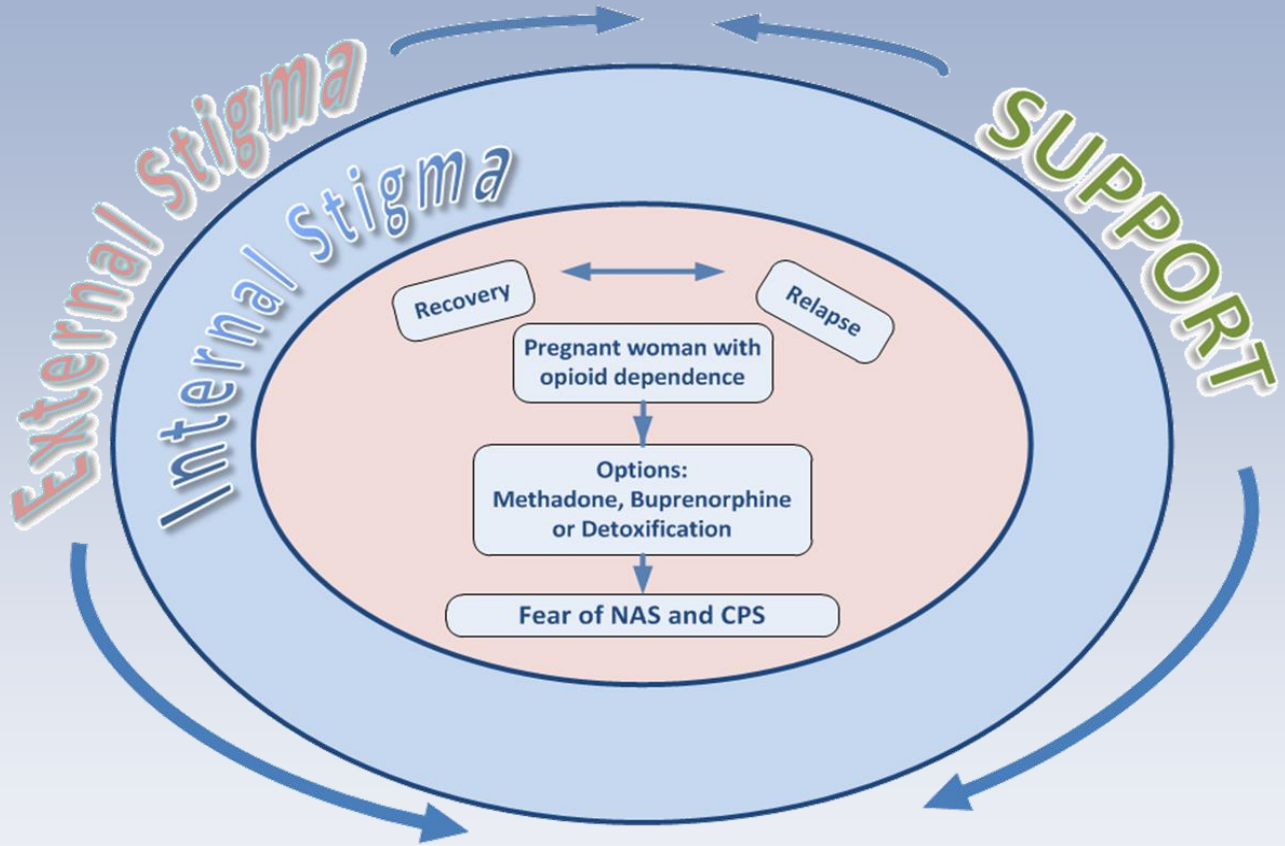
Howard (2015) explored the decision-making process of pregnant women who had an opioid use disorder. *N*=20

Figure 1. Substance Use Characteristics

(Self-report of substance use history including one-time use)



Decision Making in Prenatal Care



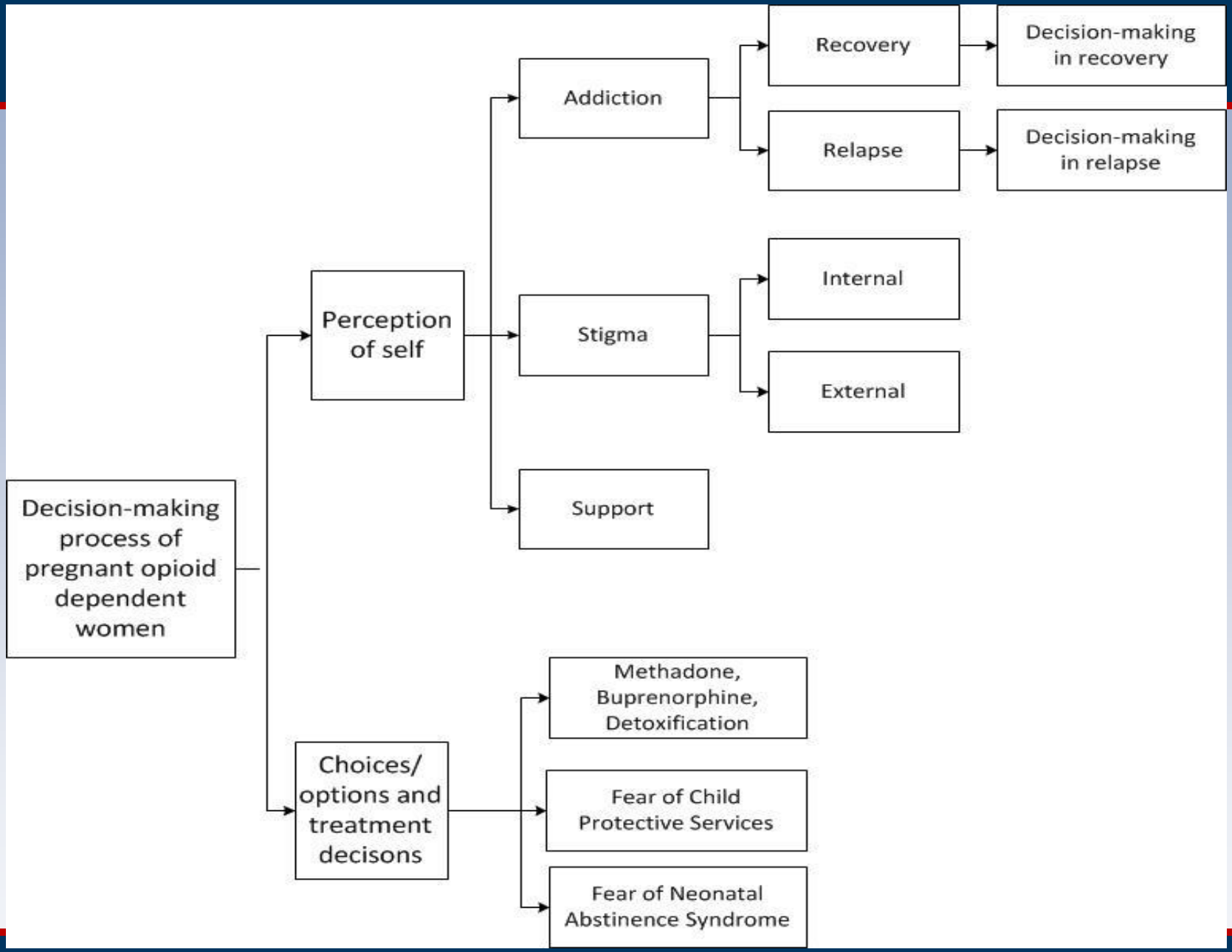


Figure 3. Thematic Cluster Ch...

Drinking from the well

Meaning of Addiction

Gail expressed her desire to be normal: "I would take away my addiction and start all over again, and be normal, like I'm just like everybody else. Be like somebody that isn't judged, and treated like a normal woman, and take your baby home, and have a nursery, and have a bonding experience."

Carol described the pressure she felt from being monitored by CPS:

But in order for me to keep my child, the new baby – because the relapse was right around when I found out I was pregnant with this child, my daughter, T. – in order for me to keep L., I had to voluntarily let her grandmother adopt her. But it was just the hardest, hardest decision of my life, but I knew that it was my fault. When a mother is prescribed, whether it's the painkillers, or a methadone, or the Subutex, CPS – the second you give birth, they're in your hospital room. But the women who ask for the help – and, you know, because we're prescribed something, it's like, they're on our butts! It's like white on rice, you know?

Sarah shared: **"You can detox but if you do we're going to call DCF on you right away. DCF's going to be looking at it, like, oh, you're always at risk for relapse, so we should just stay involved forever just in case you do, you know? And I don't know if it's really like that, but it definitely feels like that sometimes. And that fear is definitely there. When you hear DCF, the fear is definitely there. And just as mothers, you know, the fear is there of I don't want to lose my kids. I want to make sure I'm doing everything I can so I don't lose my kids, which -- I'm not doing anything wrong."**

Nancy shared: "The investigator was there, it literally feels like somebody's kidnapping your kid from you, and you -- your -- your baby is being kidnapped, you're watching it happen, and you can't stop it. It's just crazy. And I can only imagine if they actually did take him."

Repercussions of Trauma

- Individual trauma results from an event, series of events, or set of circumstances that is experienced by and 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 (SAMHSA, 2014).

Six Key principles of a trauma-informed approach (SAMHSA)

- 1. Safety
- 2. Trustworthiness and Transparency
- 3. Peer Support
- 4. Collaboration and Mutuality
- 5. Empowerment, Voice, & Choice
- 6. Cultural, Historical, and Gender Issues

Prevalence

- **COMORBIDITY OF TRAUMA & SUBSTANCE USE DISORDERS**
- Meta-analysis of trauma and severe mental illness found a higher substance use rate among those with a history of trauma than with those without trauma (Mauritz, et. al.,2013)
- Wu, Schairer, Dellor, & Grella, (2010) found that 95 % of both males and females experienced one childhood traumatic event. *N*=402

Gender differences

- Women 5 times more likely to report trauma (Sanford, et.al,2014)
- Cosden (2015) reported 69 % of women experienced childhood sexual abuse and physical abuse.
- Vancouver study reported that all of the sample N=31 reported childhood sexual abuse and more than half experienced an adult traumatic experience (Linden, et. al., 2013).

Prevalence & Gender Differences

- *Addressing trauma in substance abuse treatment* (Giordano, et. al., 2016)
- What are the prevalence of trauma among adults in substance use treatment?
- Are there statistically significant gender differences in types of trauma?
- *N*=121 (13 out-patient treatment in southwestern region of the US)
- 85.12 % experiences a traumatic event in a lifetime
- Women were most likely to experience sexual abuse

Exercise to Understand

- Write down 3 of your favorite places, people, and objects of importance.

- Please remove one from each group.

Shame Resilience

- Shame versus Guilt
- Self versus Behavior
- Maladaptive versus Adaptive
- Shame Resilience Theory (Brown, 2004) is the ability to recognize shame when we experience it, and move through it in a constructive way that allows us to maintain our authenticity and grow from our experiences

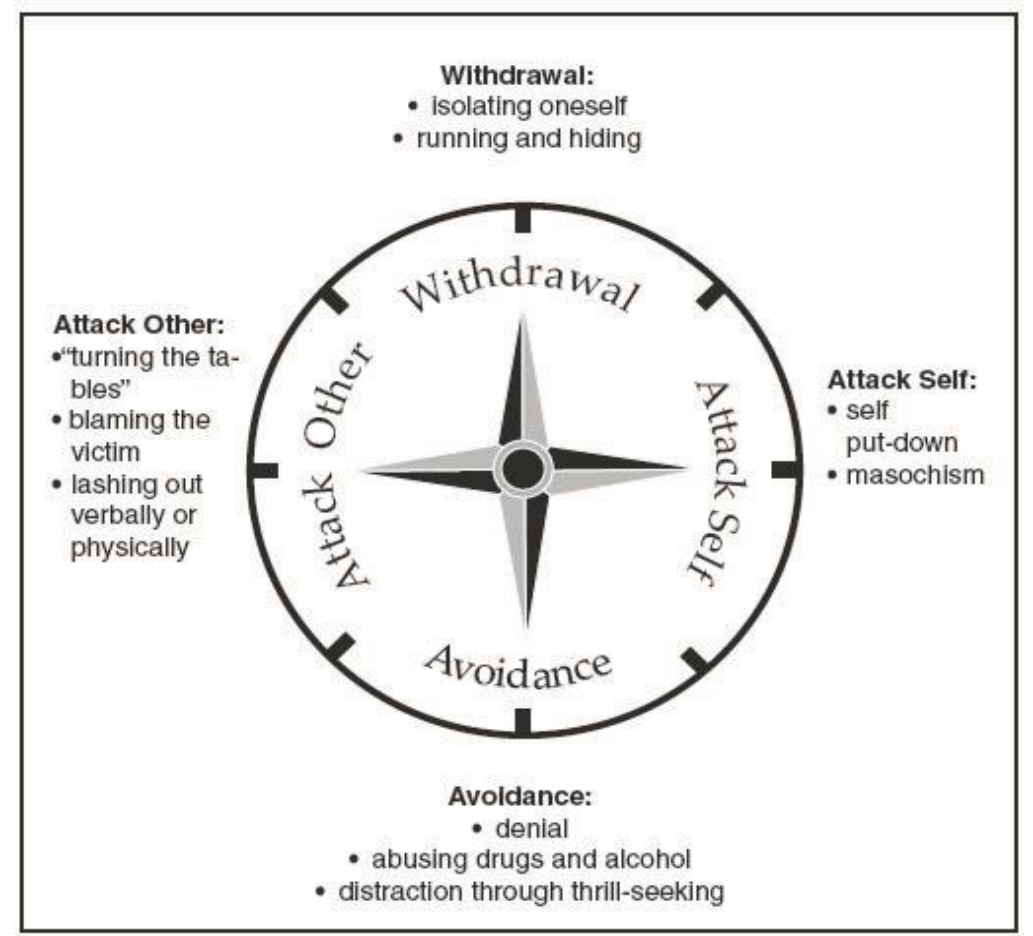
BANISH
PICK APART
CUT DOWN
BEAT DOWN
TEASE
LOATHE
VIOLATE
BERATE
SPURN
DESPISE
INTIMIDATE
SCORN
REPROACH
REPUDIATE
DISDAIN
PICK APART
CASTIGATE
JEER
DERIDE
STUPID
DEFORMED
UNLOVABLE
REBUKE
OPPRESS
BELITTLE
REVILE
SHAME
INFERIOR
SELFISH
DULL
UNFIT
ROTTEN
DEPRECATE
INSULT
SCORN
OBNOXIOUS
HOPELESS
SPURN
DESPISE
SHAMEFUL
WRONG
SNEER
VILIFY
WEAK
DISGRACEFUL
WORTHLESS
IRRELEVANT
LAZY
DERIDE
TAUNT
CARELESS
LOUSY
DISAPPOINTMENT
HATE
SCORN
CLUELESS
WRONG
REBUKE
THOUGHTLESS
DEFECTIVE
DISDAIN
TEASE
LOST
RETARDED
NO-GOOD
DEFILE
BERATE
LOSER
SHUN
DISPARAGE
DULL
BROKEN
BAD
DISHEARTEN
UNFIT
SICKENING
UNFAIR
DEFICIENT
POWERLESS
DISCARD
DISMISS
TAUNT
EVIL
UNLOVABLE
OPPRESS
HARASS
PURPOSELESS
USELESS
RECKLESS
DISCARD
CASTIGATE
BEAT UP
INEPT
BORING
HELPLESS
INADEQUATE
DEFAME
HARASS
INTIMIDATE
WORTHLESS
DERIDE
INCONSIDERATE
INCAPABLE
UGLY
DENIGRATE
BELITTLE
PATHETIC
DIRTY
INSULT
DENIGRATE
UNFAIR
LOUSY
STUPID
VILIFY
SNEER
REPROACH
LAME

The destruction of shame

- Failure, embarrassment, weakness, overwhelming worthlessness, and feeling disgracefully less than, all permeating the marrow of the soul.

- Shame is the root of all substance use disorders and the absence of self-love.

Compass of Shame (Nathanson, 1992)



Self-determination theory (Ryan & Deci, 2008)

- *Self-determination proposes that health-behavior consists of two psychological factors*:
- Patient's perception of autonomy
- Competence concerning their health behavior

Autonomy Support

- **Pam shared:** "We actually nominated a lot of our nurses for the NICU heroes. And we went back there to visit them. **If it wasn't for them, honestly, I wouldn't have came here. (Intensive out-patient treatment center)** We had this nurse, called her Nurse Kelly. She is -- [the little lady?] needs, like, an award. She's amazing. **That lady became, like, my mother.**"

Self-reflection

- Think of a person who was supportive of you during a difficult time.
- Think of someone who was not supportive of you in your lifetime. How did this impact your self-confidence? Self-efficacy? Self-determination?

Voices from the Harbor

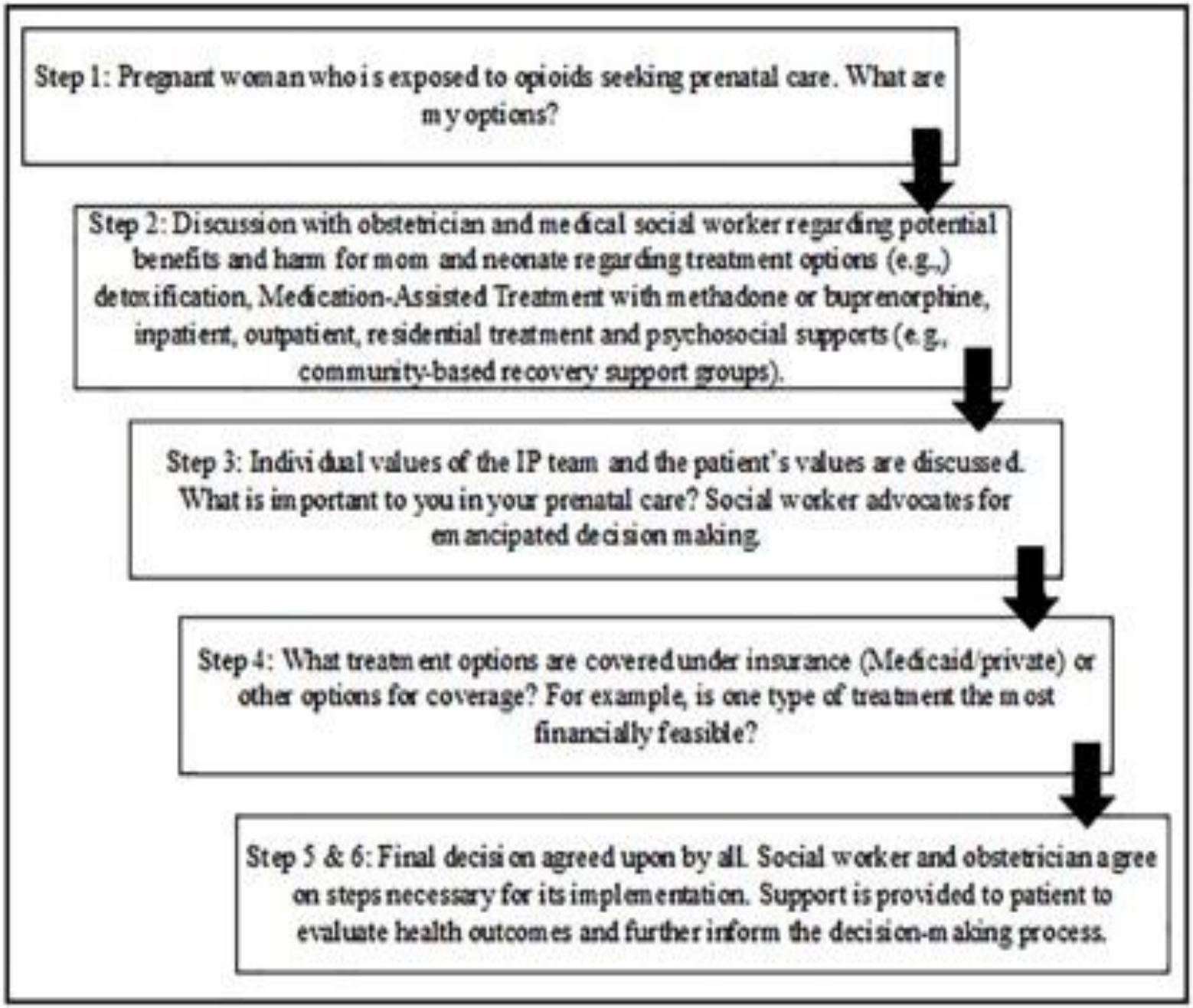
www.methadoneandpregnancy.com

Ria's NICU story

https://youtu.be/D2QWYyO5qIA

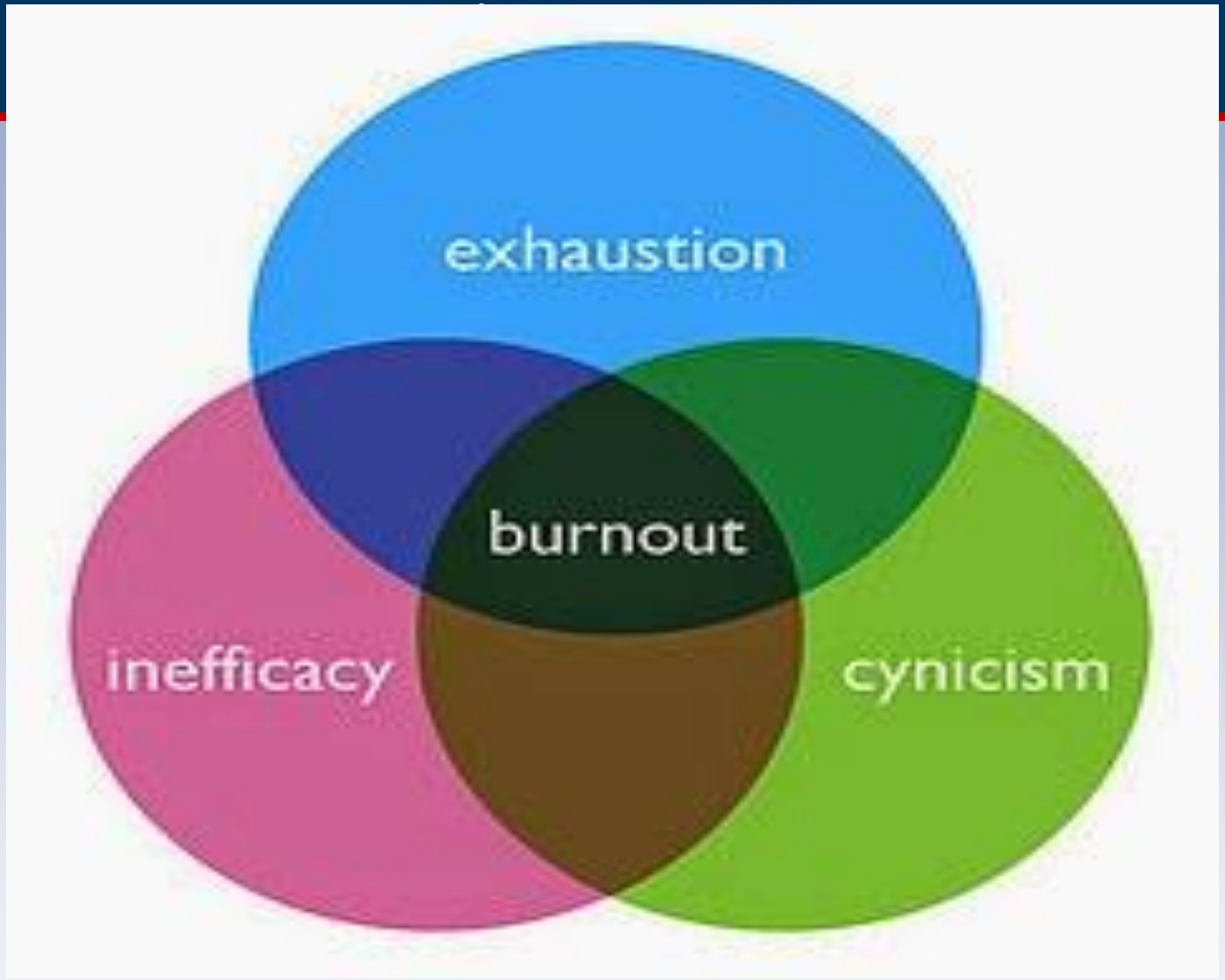
Empowerment Models

- Interprofessional-Shared decision making for pregnant women with substance use: Results from a provider training (Howard & Clark, 2017)
- Structural empowerment model
- Liberation Health model
- Recovery Model


Step 1: Pregnant woman who is exposed to opioids seeking prenatal care. What are my options?
Step 2: Discussion with obstetrician and medical social worker regarding potential benefits and harm for mom and neonate regarding treatment options (e.g.,) detoxification, Medication-Assisted Treatment with methadone or buprenorphine, inpatient, outpatient, residential treatment and psychosocial supports (e.g., community-based recovery support groups).
Step 3: Individual values of the IP team and the patient's values are discussed. What is important to you in your prenatal care? Social worker advocates for emancipated decision making.
Step 4: What treatment options are covered under insurance (Medicaid/private) or other options for coverage? For example, is one type of treatment the most financially feasible?
Step 5 & 6: Final decision agreed upon by all. Social worker and obstetrician agree on steps necessary for its implementation. Support is provided to patient to evaluate health outcomes and further inform the decision-making process.

Countertransference

- Anger or Compassion?



Drinking from the well

Resilience

- Boyle shares resilience is born by grounding yourself in your own loveliness, hitting notes you thought were way out of your range.

Resources

- www.recoveryanswers.org
- https://www.samhsa.gov/data/nsduh/reports-detailed-tables-2017-NSDUH
- http://attcppwtools.org
- http://www.nationalperinatal.org

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