[Music]

Female VO:
The Substance Abuse and Mental Health Services Administration presents the *Road to Recovery*. This program aims to raise awareness about mental and substance use disorders, highlight the effectiveness of treatment and recovery services, and show that people can and do recover. Today's program is *The Road to Recovery 2015: Overcoming Trauma and Violence, the Power of Resiliency.*

[Music]

Ivette:
Hello, I'm Ivette Torres and welcome to another edition of the *Road to Recovery*. Today we'll be talking about *Overcoming Trauma and Violence, the Power of Resiliency*. Joining us in our panel today are Sis Wenger, President and CEO of the National Association for Children of Alcoholics, Kensington, Maryland; Art Romero, Clinical Director, A New Awakening Clinic, Rio Rancho, New Mexico; Cheryl Sharp, Senior Advisor for Trauma-informed Services at the National Council for Behavioral Health, Washington, D.C.; Dr. Larke Nahme Huang, Senior Advisor in the Administrator's Office of Policy, Planning and Innovation, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services, Rockville, Maryland. Larke, why is it important to talk about trauma when addressing behavioral health issues?

Larke:
Ivette, that's a great question. We know now from research, from clinical practice, from experiences and voices of people who are survivors of trauma that trauma plays a significant role in contributing to mental health issues, substance use issues, and related health concerns as well. I have to say that years ago when I worked in psychiatric crisis units, we never asked about trauma and it just is mind boggling to me now that we didn't think about the role that trauma played in the people who are coming in in various crisis situations. So and I have to actually attribute to Sis Wenger that Sis brought the Adverse Childhood Experiences study to all of us at SAMHSA. And that's when we really began to look at what that major research study was saying about people who had been exposed to early adverse experiences in their lives and their families, that they showed up later in different kinds of behavioral health issues, mental health issues, substance use, as well as other physical health conditions. So now we recognize this and we think it's critical to take into consideration people's trauma exposures, histories as we provide the best kinds of care we can.

Ivette:
So Sis, let's follow that. How are mental and substance use disorders a risk factor for trauma?

Sis:
Both put people in a vulnerable position. They are not able to totally control their lives whether it's mental illness or addiction that's driving them, and if they have either in the family, if I'm a ten-year-old child and my mom has mental illness or addiction, or both, there is a tremendous amount of emotional trauma that is wasted on the child in circumstances like that, which sets them up for trying to live an abnormal life. They work very hard to survive in the hostile environment in which they are growing up—emotionally hostile at least and oftentimes physically hostile. And as they get older, why wouldn't they find a drink or a pill soothing when they're trying to calm the devils in their head. But they do a great job of surviving as children and the stress of that survival process creates more emotional trauma for them, and when they become adults they tend to still use the survival skills that they used as children to survive, and that gets in their way of having a balanced healthy adult life and then we run into some of the problems that Larke was discussing.

Ivette:
So Cheryl, let's talk about the definition of trauma. What is trauma in its various forms and I know clinically others refer to complex trauma and there's of course trauma from violence. Can you go into a little bit in terms of defining these terms?

Cheryl:
When I think of trauma, the first thing I think is that it's an individual's experience of an event and how it manifests itself in that individual's experience, but it's a series of events that affect a person's capacity to cope. When we look at the ACE study, we're really only looking at ten events and what we know is that trauma can be whatever the person describes as the traumatic experience for that particular person. We think about complex trauma as something that happens over and over and over again, and very often it is with those most intimate relationships whether it's in a domestic violence situation or situations where one person has control over the other.

Ivette:
And, Art, what are the different types of trauma and violence? Let's talk specifically, we talk more broadly about defining what trauma is, so in terms of children, in terms of adults, what would children be experiencing, what would adults be experiencing in your clinical career, tell us a little bit about what you have seen.

Art:
Sure. Children experience different kinds of trauma. Sometimes it's directly from the parents, sometimes it's witnessing maybe violence between the parents, sometimes it can come from bullying at school, for instance. There's so many different ways. Also neglect. You know, some kids are neglected because maybe the parents are involved in addiction or something else or the parents

have their own trauma that they're dealing with, their own PTSD or whatever it is, their own mental health disorders, so they get neglected.

Ivette:
Very good. So I want to go back to Larke and have her talk about the key issues now concerning trauma and violence.

Larke:
Trauma is becoming a very critical concept for a lot of people and we look at it in many different ways, it's explained in different ways and so at SAMHSA we tried to gather information and gather experts to help us think what's a good framework for thinking about what trauma is. So we came up with this concept of the three E's of trauma where there is an event or events or a set of circumstances that lead to an experience that is in some way felt by the individuals as life threatening or physically threatening, psychologically threatening, but a very strong sense of life threatening. And that leads to a set of effects, so that's the third E. So it's an Event, a sense of Experience in that event and then an Effect that is long lasting in duration and the effect may not even occur immediately. Someone may not label an effect with that event immediately. It may happen years down the road.

Ivette:
And when we come back, I want to continue to talk about that formula that Larke has just given us and expand on it. We'll be right back.

[Music]

Male VO:
For those with mental or substance use disorders, what does recovery look like? It's a transformation. It's a supporting hand. It's new beginnings. When does recovery start? It starts when you ask for help and support. Join the Voices for Recovery. Speak up. Reach out.

Female VO:
For information on mental and substance use disorders, including prevention and treatment referral, call 1-800-662-HELP. Brought to you by the U.S. Department of Health and Human Services.

[Music]

Ivette:
So Larke, we were talking earlier about the framework that SAMHSA has put together. Do you want to expand on that just a little bit?

Larke:

We have more research methodologies now that help us understand some of the underlying neurobiological issues around trauma. So before, we were not able to really understand what's going on neuro-developmentally with a person who is exposed to traumatic events or traumatic stressors. Just like we know addictions now really leads to brain changes, so we know that trauma does as well. And so as we understand more about that, we can understand why we get some kinds of the responses, why we get posttraumatic stress disorder, and I actually like to use an analogy that if you think about somebody who's been in a traumatic situation, say they're in a—you were talking about bullying, Cheryl was mentioning child abuse maybe in the home, that somebody who is in that situation becomes hyper vigilant. They're always concerned am I gonna be bullied again, is somebody going to hit me again. And so we see that people or kids, young people, adults, when they're constantly hyper vigilant like this, they need to figure out how to self soothe and sometimes they do it with medication, sometimes they do it with substances, sometimes depression sets in.

Ivette:
Sis, let me have you talk to the ACE study that Larke was mentioning that you brought to her. Can you expand on that and what were the findings of the ACE study and what does it stand for?

Sis:
It stands for Adverse Childhood Experiences study, and it was done in combination with the Centers for Disease Control in Atlanta and Kaiser Permanente out in California. And they had 17,000 people in the study. All of them had health insurance so these were not people who were desperately poor and without resources, and they were actually looking for new causes that they could address with prevention strategies for the chronic diseases that were killing our financial health system; heart disease, stroke, diabetes, cancer. The diseases that we had developed good quality treatments for and people were surviving, they were not dying from those diseases before. They had a cadre of people who were going through that who would start to get better and then they relapsed, and they began to look differently at how they would assess them and they began to ask them questions about their childhood and what they found was that children who had these ACE's, the Adverse Childhood Experiences; seeing your mother get hit, having a parent in prison, having an addicted parent or a parent with mental illness. People who had in their childhood suffered chronic emotional loss did not have healthy attachment to their parents because of what was going on with their parents, and decided that they needed to take a different tact, that maybe the best way to prevent heart disease and stroke when you're 60 is to have a healthier childhood.

Ivette:
Thank you, Sis. We'll be right back.

Female VO:
Door to Hope is an organization serving Monterey County, California with comprehensive behavioral health programs and has been doing so with loving care for more than 40 years.
Chris Shannon. Executive Director, Door to Hope. Salinas, California.

Chris Shannon:
Door to Hope started 45 years ago. It was a small program that served basically alcoholic women who needed residential treatment services. It has grown from that one program to ten programs with a budget of over 7 million dollars.

Female VO:
Carolina Cortez. Senior Director of Clinical Services, Door to Hope. Salinas, California.

Carolina Cortez:
The type of trauma we see here is moms who have been exposed to domestic violence who then the children are also been exposed to domestic violence; moms who use during their pregnancy, drugs and alcohol, so the children are also exposed in utero to that usage of drugs and alcohol with the effects that it has.

Female VO: Chris Shannon.

Chris Shannon:
MCSTART is an early intervention program that works with children age 0-11 who have special issues or needs that put them at high risk for developmental problems.

Female VO: Devona Campos. Mom in recovery.

Devona Campos:
I love MCSTART, I tell people about MCSTART. It's not just about drugs, drug exposure, it's about domestic violence, there's so much trauma; I didn't realize how much trauma my kid is going through.

Female VO: Carolina Cortez.

Carolina Cortez:
The trauma starts in utero with substance abuse and also with domestic violence so the baby goes through the flight fight and frees just like the mom does in utero with the domestic violence. With the drug and alcohol exposure the brain also is affected.

Female VO: Edgar Castellanos. Medical Director, MCSTART. Salinas, California.

Edgar Castellanos:
Early intervention works, early treatment works, early assessment works, because we've seen children who are evaluated early on and now are in their teenage years and are doing well.

Female VO: Devona Campos.

Devona Campos:
MCSTART has given me the tools and the confidence to be a better parent and better mom to my son, more understanding of what happened and the trauma.

Female VO: Edgar Castellanos**.**

Edgar:
The importance of the MCSTART program to me is the team approach and the fact that you have multiple people having eyes on the same situation.

Female VO: Carolina Cortez.

Carolina:
It's more holistic because there's not one therapy that's going to work for everybody.

Female VO: Chris Shannon.

Chris:
We see upwards of 500 young children each year, our MCSTART program touches the lives of over 1000 adults and children each year.

Female VO: Devona Campos.

Devona:
It's helped a lot, MCSTART has just been a godsend to us.

Female VO: Chris Shannon.

Chris:
Our primary goal is reunification and wholeness and wellbeing for the entire family. We see that in many many many of the cases that we work with, and that's very gratifying and very heartening.

[Music]

Ivette:

So Larke, let's go back a little bit to talk about the connection between trauma and chronic illness.

Larke:
Trauma often leads to high risk types of behavior. One of the most common risky behaviors is smoking, and smoking is we know very much tied to multiple chronic diseases. One of the earliest studies following the ACEs study that Sis mentioned, they looked at people who tried to do tobacco cessation, and those people who could not remain off of tobacco were people with more adverse childhood experiences. A very direct correlation. Obesity and tobacco use were directly correlated with some of the high risk adverse childhood experiences.

Ivette:
Thank you. Sis, let's go to trauma-informed care. Let's talk about how we begin to address the service delivery of individuals who have experienced trauma.

Sis:
I think the first thing we have to do is to make sure we're looking for causes that happened earlier in the person's history. For soldiers coming back from the war who have suffered tremendous trauma in service, so many of them, a disproportion, a percentage of them came from dysfunctional and often alcoholic or drug addicted families and they joined the army in order to be safe, to be taken care of, to get educated. And then the war happens. And so we have so many people who are talking about PTSD as a result of the war and while that may be true, if we don't look to see what happened in childhood before they became soldiers, the treatment will be different and incomplete. So we need to look at the whole life spectrum. I think the same thing with the Native Americans. You know, we used to say that Native American people have a genetic predisposition to alcoholism and that's why it passes from generation to generation. Well maybe. But they also had this generational trauma from the boarding schools. They anestheticized that trauma, they grew up and became parents who were unhealthy and often dangerous parents and the cycle began. So all that has to be looked at.

Ivette:
So Art, you own a clinic. Talk to us how you integrate trauma-informed care into the context of the service delivery system.

Art:
That's one thing about trauma-informed care is for providers to gain the education and to continue to get education. There's updated—going back to the studies on the neuroscience, gaining that information and passing it on to our clients, to our patients is really important. The other thing is that as a therapist, I don't want to re-traumatize our clients, which is very important because back before we really knew that much about trauma or really looking into trauma, I believe there was a lot of treatment therapies or techniques that were used that

were re-traumatizing. I'm a Vietnam Veteran myself and went through some of those treatments back then and I can tell you there was a couple of times when I didn't want to go back because I felt like I was being re-traumatized.

Ivette:
Very good point. And Larke, talk to us about SAMHSA's center and what is SAMHSA doing to really help integrate all of these issues into the whole new framework of health delivery.

Larke:
So SAMHSA just put out—actually we released in October of last year our concept paper for trauma and a trauma-informed approached, and by a trauma-informed care or a trauma-informed approach we came up with these four R's. I know we talked about the three E's, now we have the four R's and it really builds on what Art was saying. It really is kind of a public health approach to understanding trauma and making sure that your setting or your care delivery system takes into consideration what we mean by trauma. So we look at care delivery systems as realizing that trauma may play a role in the lives of the people that they're serving, that they need to recognize signs and symptoms of trauma, that they need to respond appropriately.

Ivette:
And when we come back, I'm gonna go to Cheryl to see what the council is doing to address this issue. We'll be right back.

[Music]

Female VO:
We try to hide our truths about our mental and substance use disorders from the world, and sometimes from ourselves. Saying "I'm fine" is a façade. By facing our problems, recovery begins and we are empowered to speak our truth. Join the voices for recovery: Speak up, reach out.

Male VO:
For information on mental and substance use disorders including prevention and treatment referal call 1-800-662-HELP. Brought to you by the US department of health and human services.

Ivette:
Cheryl, I wanted you to cover the whole issue of what the council is doing related to trauma and trauma-informed care. What are some of the resources that people can look to if they want to really identify how to deal with these issues?

Cheryl:
I am a firm believer that trauma is a public health crisis or it's endemic in our public health and that we have a responsibility as providers to really be engaging

with our communities and elevating this conversation. So the National Council provides learning communities for people, for organizations, we do individual technical assistance and then it's been amazing and it was with some funding from SAMHSA that we got our start in doing this work and we feel like we've really made great inroads.

Ivette:
Excellent, excellent. Art, so how do we help them to realize that they have these issues? How do we help the public realize that and how do we help them in a way of providing the resources for them to get better?

Art:
I think that the one thing that was really hard for me that I had to overcome was the stigma attached to both the alcoholism and the coming back from Vietnam. I can tell you that for years I wouldn't even let people know I was in the military. That's how much shame was attached to that war. And so at one point it hit me that I had become somebody that I never intended to become. I'm a former Marine. I went in the Marines when I was 18 years old and I did not go in the Marines to come back and be a failure or be a person that I wasn't proud of. I had some pride and one time and I realized I didn't have it anymore. So at that point I quit the drinking, got myself into treatment, got myself over to the VA, started working on my PTSD and then I also had this need to go help other vets and help other people to overcome the same thing.

Ivette:
I'm going to let you all give us some final thoughts because we've almost run out of time believe it or not. And Sis, any final thoughts for our audience in terms of how they can best deal with this issue and any other thoughts that you would like to share?

Sis:
I think that we have lost something that we should try to get back in our country. We should try to get back something like the old Student Assistance Programs because those programs in schools provided educational support groups for kids very early on in their lives so that they would be sitting in groups learning something about what was going on in their lives and feeling free to break the silence that they have imposed on them by the diseases in their family.

Ivette: Absolutely. Thank you, Sis. Art, let's hear from you.

Art:
Yes, I think one of the things that I believe that we have to continue to do is to be more transparent in terms of recovery, talk about it more and more, talk about it in the schools. Kids respond to personal stories. I know that my children they tell me that they love talking to their friends about the work that I do and they'll tell their friends, well you know, you can talk to my dad. And they talk about

recovery. They talk about whenever it comes up about trauma, they love to talk about what they've learned from my wife and I because my wife's a hypnotherapist. And then also about bullying. Bullying is something that I think we need to look at more and talk about it more in schools and I think the more we talk about recovery, the more it won't be something that people will be ashamed of.

Ivette: Cheryl.

Cheryl:
My final thoughts are is that posttraumatic growth is possible. That having a trauma history is not—there's not a dire prediction associated with that. People can heal, they can recover, we can move on with our lives. I'm an example of that.

Ivette:
Absolutely, and become more resilient. Larke, final thoughts in less than 30 seconds.

Larke:
Less than 30 seconds, okay. So I'm glad you mentioned resilience, and the recovery and resilience is really critical that people have hope and they know they can overcome some of these earlier life experiences or challenges. I do want to say that at SAMHSA we have a number of different types of resources. We do fund the National Child Traumatic Stress Network, which looks at a range of different traumatic events confronting children from young children through young adults, encourage people to go to those resources. We also fund the National Center for Trauma-Informed Care and Alternatives to Seclusion and Restraint. Again, lots of resources there. Finally, I also want to mention our GAINS Center and the Addiction Treatment Transfer Recovery Centers. They are all looking at the role of trauma and strategies for addressing and intervening; the GAINS Center particularly with criminal and juvenile justice, which we haven't talked a lot about.

Ivette:
I want to thank all of you and remind our audience that September is ***National Recovery Month***. You need to look at recoverymonth.gov for information, kits and you can actually view this show on the web page. And we encourage you to do events in September and throughout the whole year because this is what it's all about. It's all about recovery and so that if you have a problem, seek help, and if you can help others sustain in their recovery, sustain it. We want to thank you for being here. It's been a great show.

[Music]

Male VO:

To download and watch this program or other programs in the *Road to Recovery* series, visit the website at recoverymonth.gov.

[Music]

Female VO:
Every September, ***National Recovery Month*** provides an opportunity for communities like yours to raise awareness of mental and substance use disorders, to highlight the effectiveness of prevention, treatment and recovery services, and show that people can and do recover. In order to help you plan events and activities in commemoration of this year's ***Recovery Month*** observance, the free online ***Recovery Month*** kit offers ideas, materials, and tools for planning, organizing, and realizing an event or outreach campaign that matches your goals and resources. To obtain an electronic copy of this year's ***Recovery Month*** kit and access other free publications and materials on prevention, recovery, and treatment services, visit the ***Recovery Month*** website at recoverymonth.gov, or call 1-800-662-HELP.

[Music]

END.