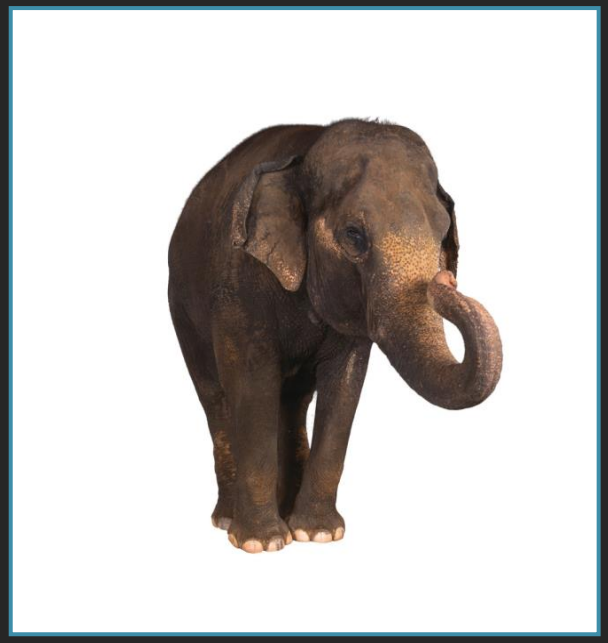
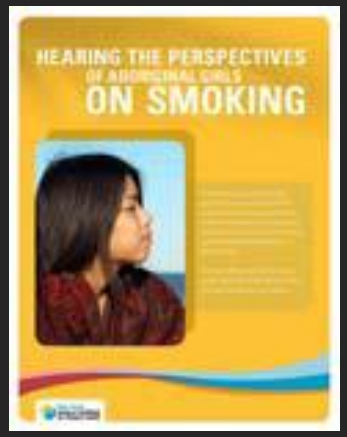
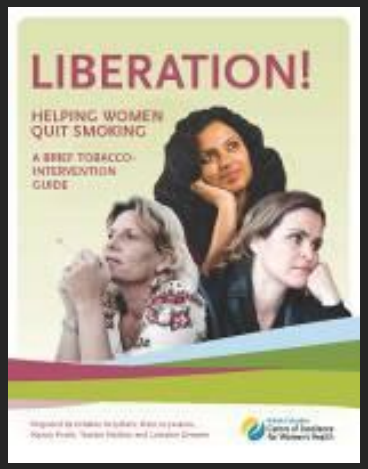
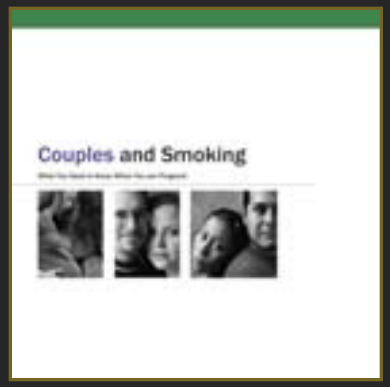
Smoking, Trauma, and Trauma Informed Practice

Lorraine Greaves PhD
Nancy Poole PhD







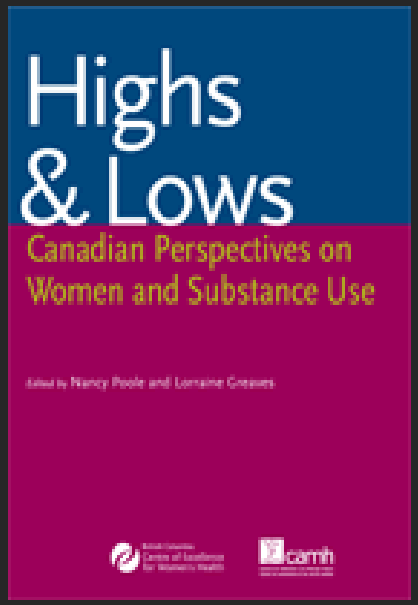


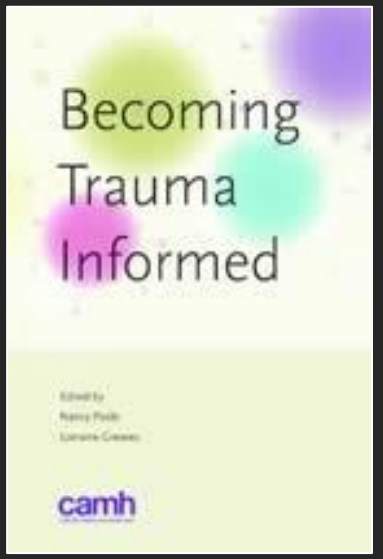
British Columbia Centre of Excellence for Women's Health

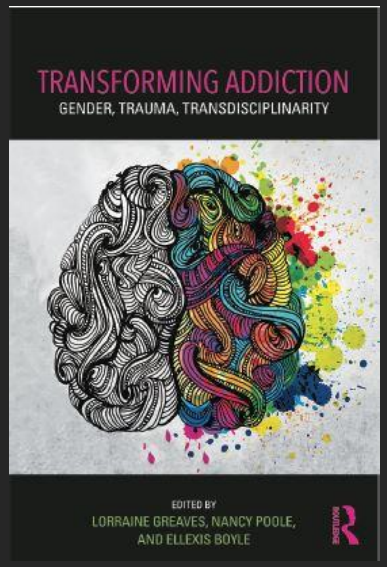
Hosted by BC Women's Hospital + Health Centre, Vancouver

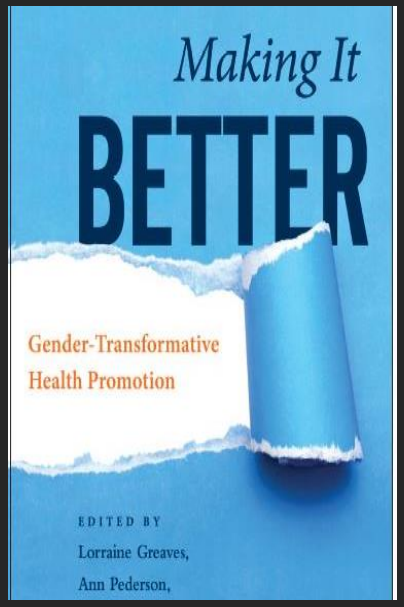
Women, Gender and Tobacco Research Program since 1997

Some of our books









Agenda

- Trauma and tobacco use
- Responding to people who use tobacco
- Trauma informed practice
- Trauma informed systems

1. TRAUMA AND TOBACCO USE

Overarching trends in tobacco use

- Overall Canadian rates are on the decline
- Global rates are on the rise, especially females
- Sex and gender differences in patterns and effects of tobacco
- SES differences in patterns
- Aboriginal status matters
- Ethnicity, immigrant and migration links to tobacco trends are unclear

What is trauma?

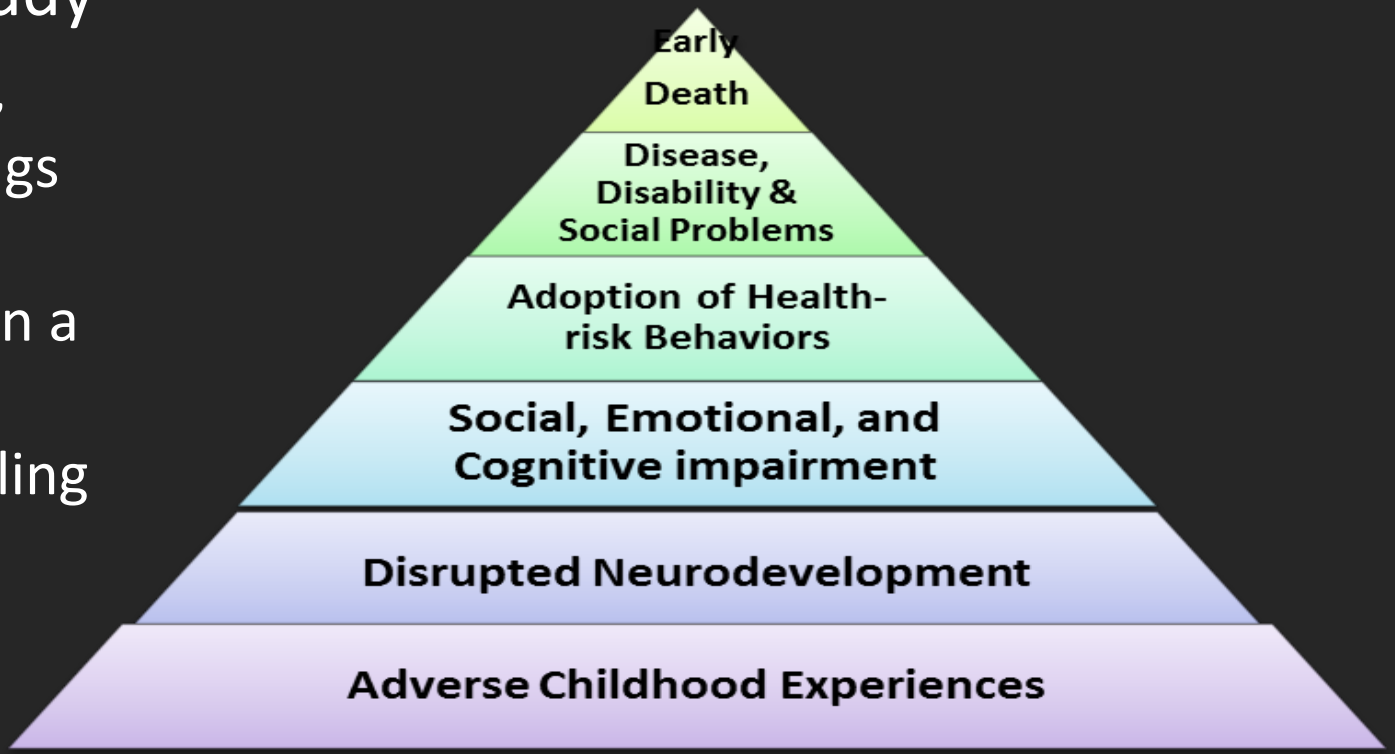
- Interpersonal trauma can be defined as experiences involving disruption in trusted relationships as the result of violence, abuse, war or other forms of political oppression, or forced uprooting and dislocation from one's family, community, heritage, and/or culture.

(Bierman, Mason et al., 2010)

Effects of early trauma

Adverse Childhood Experiences Study

– Use of nicotine, alcohol and drugs increases proportionally in a dose-response manner paralleling the intensity of adverse life experiences during childhood



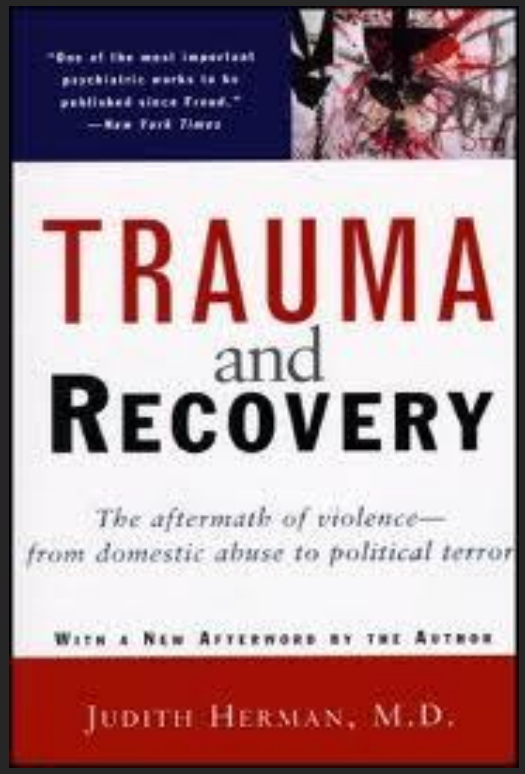
Mechanisms by which Adverse Childhood Experiences influence Health and Well-being throughout the lifespan

Felitti & Anda, 2010

Trauma linked to violence of all kinds

In 1992, Judith Herman published her influential book *Trauma and Recovery.*

- Trauma is a response to a wide range of experiences, not just limited to war and natural disasters
- Traumatic reactions are related to physical and sexual abuse as a child, childhood neglect, sexual assault as an adult, domestic violence, witnessing violence, unexpected losses, and many other life events



.

Trauma, violence and smoking

Trauma and smoking are highly correlated in both men and women

A systematic review of PTSD & smoking reported high rates among both clinical (40%–86%) and nonclinical populations of women and men (34%–61%)

But Interpersonal Violence is particularly key for women

-53.6% women with rape trauma smoke (Amstadter et al., 2009)

-58% severely battered women smoke (Weaver & Etzel, 2003)

-86% low SES girls with PTSD smoke (Lipschitz, 2003)

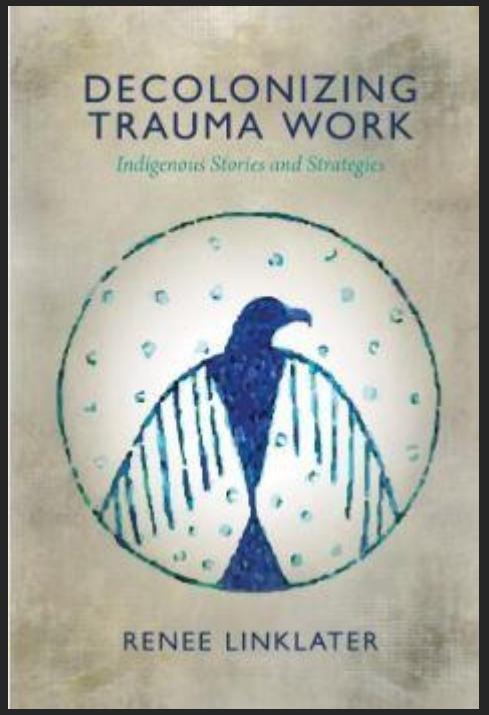
Trauma, smoking, pregnancy

"This continues during pregnancy. The average smoking rate among pregnant women is up to 27 per cent in some countries, but as high as 50 per cent among pregnant women with a history of intimate partner violence"

- RNAO Trauma Informed Tobacco, *How to Integrate Trauma-Informed Care*
- *for Pregnant & Postpartum Smokers*
- Fu, Steven S., et al. "Post-traumatic stress disorder and smoking: a systematic review." *Nicotine & Tobacco Research* 9.11 (2007): 1071-1084.

Trauma linked to colonization

- Trauma caused by colonization & racism
  - Historical trauma (residential Schools, 60's scoop)
  - Intergenerational trauma
  - Efforts to redress trauma related to residential schools
  - Two Eyed Seeing – blending both indigenous knowledge and 'western' science



(Maria Yellow Horse Brave Heart, Michael Yellow Bird, Renee Linklater. Karina Walters)

Aboriginal status

- Aboriginal people in Canada, and indigenous peoples across the world are at high risk for tobacco use
- In some regions (such as Ontario) it has been necessary to distinguish traditional use from commercial tobacco use

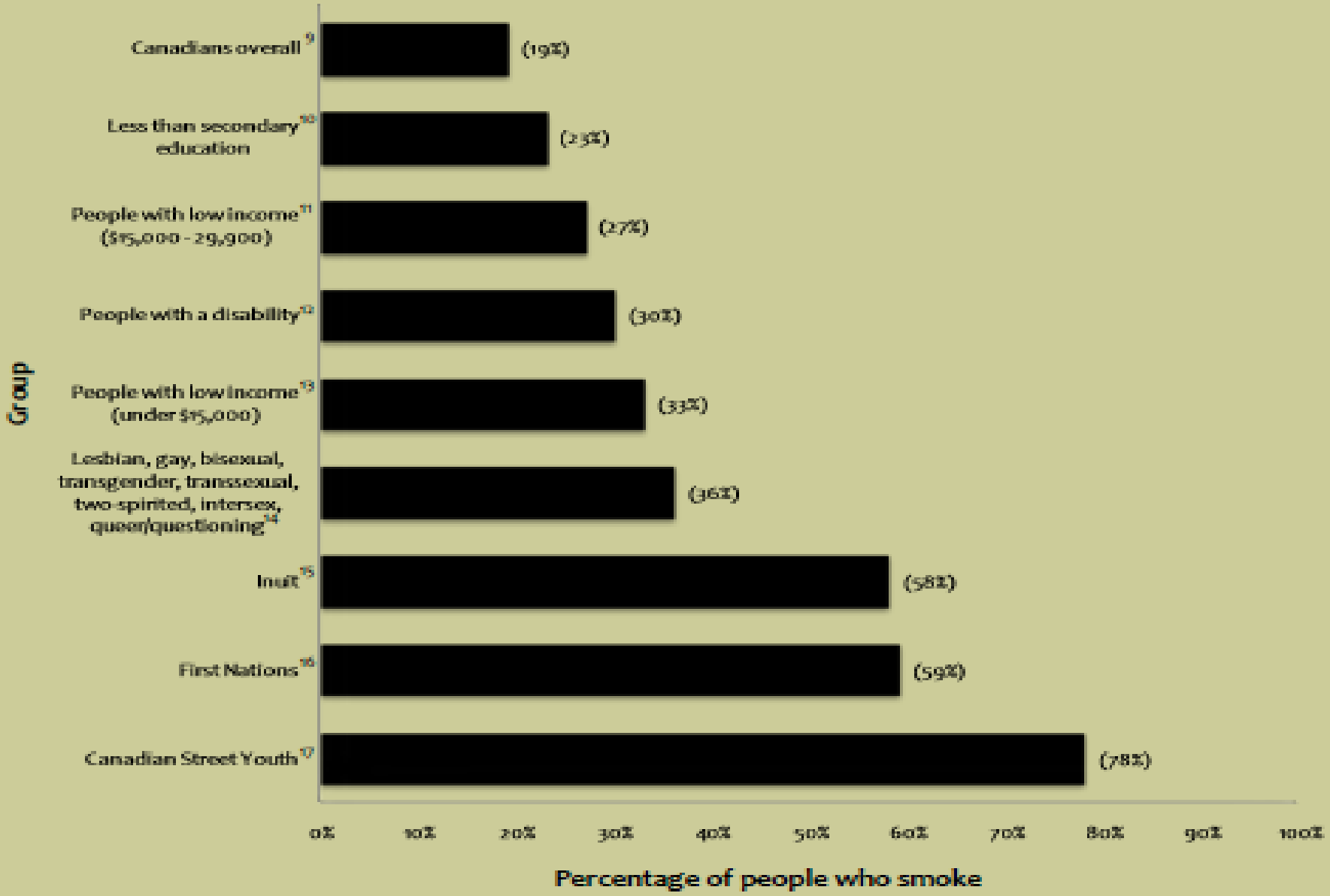
Poverty

- People in the lowest income, education smoke more than those in higher SES categories
- Street youth 4 x the average rate
- People with disabilities 2x the average rate

Aboriginal youth

- Some of the highest rates of smoking in Canada are among Aboriginal youth
- For example
  - 59% of 15-24 year old Inuit smoked in 2006
  - 51% First Nations youth (under 28)
  - 25% of 12-17yr old girls compared to 15% of boys

Figure 1
Percentage of People who Smoke by Group



Source: Cohen and Schultz (2011) Exploring issues of equity within Canadian tobacco control initiatives: An environmental scan.

Intersecting factors add up

- Trauma and re-traumatization from residential schools, refugee experiences or natural disasters
- Poverty and unemployment
- Co-occurring alcohol and drug use
- Co-occurring mental health issues
- Gendered violence, rape, sexual assault, domestic violence
- Discrimination, stigma, homophobia, sexism, racism

2. RESPONDING TO PEOPLE WHO USE TOBACCO

Trauma informed tobacco programming

- Relational
- Individualized
- Acknowledges the role of trauma and violence in smoking

Tobacco use has some benefits

"….tobacco use is both a response to, and a feature of, social and economic inequality and marginalization and may bring solace and pleasure to lives where there may be little"

Greaves and Jategaonkar, 2006. JECH Vol 61(2)

Suppressing emotion - dispelling tension

I feel my body start to tighten up and as soon as I light it my body just starts to relax. It's basically the same as food"

(shelter resident, quoted in Smoke Screen, p 59)

Reflecting emotions

"My cigarettes were a barometer of how I felt. If I was tense, I smoked more cigarettes…there was a predictable consistency in my self-destructive behaviour. If I was feeling relaxed and good in relation to myself, I would probably cut down on the number of cigarettes I smoked. It all seemed to hinge on how I viewed myself"

(Claudia, quoted in B. Jacobson, 1986, p 87)

Trauma-informed support will:

- Frame smoking as a coping mechanism
- Help identify alternative adaptations that are empowering
- Eliminate punishment, controls or orders
- Support the slow process of change and healing

Positive responses you can make

- Building on strengths
- Motivational interviewing
- Harm reduction

All framed in trauma informed approach

Building on strengths

- Identifying *with* the person, some options for change
- Meeting the person where they are
- Building engagement and trust
- Adjusting your message of risk
- Offering neutral information

Strength based vs deficit based

- What happened to him/her?
- Adaptations
- Response
- Trying to connect
- Doing their best/early life
- Asserting power
- Difficulty being direct
- Seeking help in a safe way

- What is wrong with him/her?
- Symptoms
- Disorder
- Attention seeking
- Borderline
- Controlling
- Manipulative
- Malingering

Motivational interviewing …

- Collaborative
- Self directed
- Evocative
- Explores ambivalence
- Reviews experience
- Identifies “change talk”
- Rolls with discord
- Develops a plan

3. TRAUMA INFORMED PRACTICES

Trauma informed practice

- A universal approach to responding to trauma in clients
- TIP assumes what is safe for those with trauma histories is safer for everyone
- Does not depend on disclosure

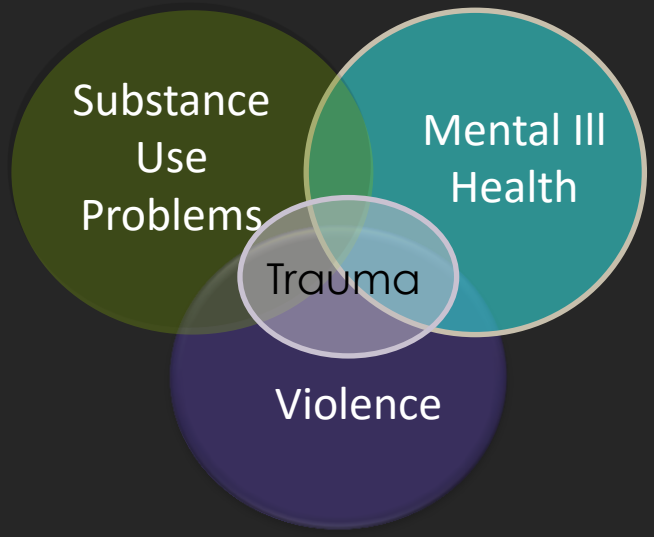
Services that are trauma informed

- take into account knowledge about the impact of trauma
- understand that many problem behaviours originate to cope with abusive experiences
- Integrate this knowledge into all aspects of service delivery

Harris, M., & Fallot, R., D. (2001). *Using Trauma Theory to Design Service Systems*. San Francisco, CA: Jossey Bass.

Is a paradigm shift to see trauma as often central to other concerns

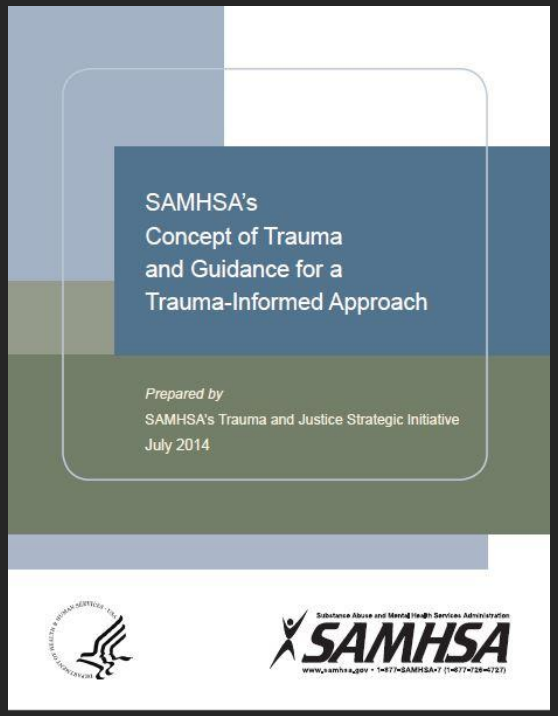
- Acknowledge common connections between substance use and trauma
- Recognize range of responses people can have
- Recognize that because of trauma responses, developing trusting relationships (engagement, retention, concentration . . .) can be difficult
- Make adaptations in the setting to reduce retraumatization and respond to awareness of trauma



What do trauma-informed services look like?

The Four 'R's (SAMSHA, 2014)

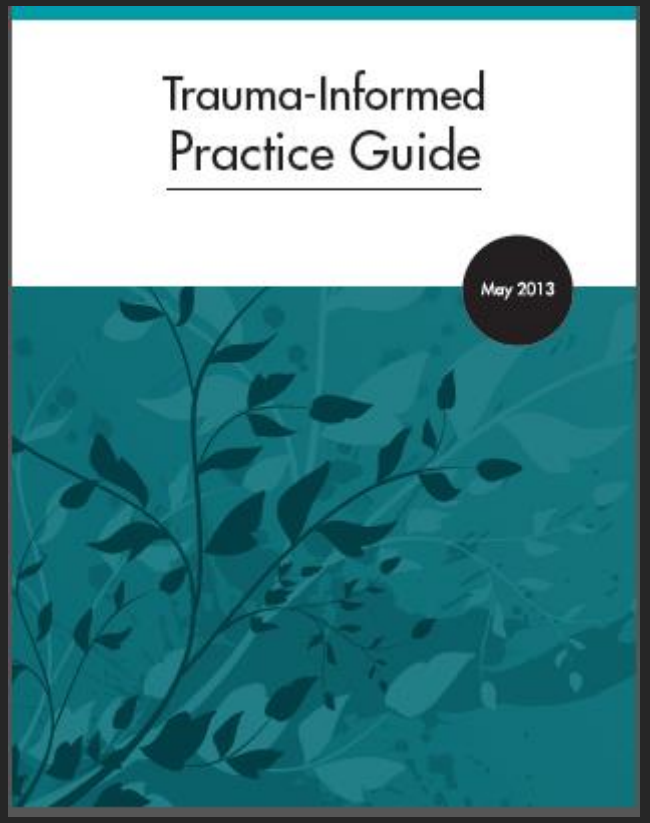
1. REALIZES the widespread impact of trauma and understands potential paths for recovery
2. RECOGNIZES the signs and symptoms of trauma in clients, families, staff, and others involved with the system
3. RESPONDS by fully integrating knowledge about trauma into policies and procedures, and practice;
4. Seeks to actively RESIST RE-TRAUMATIZATION



TRAUMA INFORMED PRACTICE GUIDE

Poole, N., Urquhart, C., Jasiura, F., Smylie, D., & Schmidt, R. (May 2013). British Columbia Centre of Excellence for Women's Health and Ministry of Health, Government of British Columbia

- Understanding trauma
- Trauma-informed principles
- Implementing trauma informed approaches
- Checklist for organizational implementational discussions



TIP is a principle based approach

1. Awareness
2. Emphasis on safety, trustworthiness
3. Choice, collaboration, mutuality, connection
4. Empowerment, skill building, building on strengths

Also

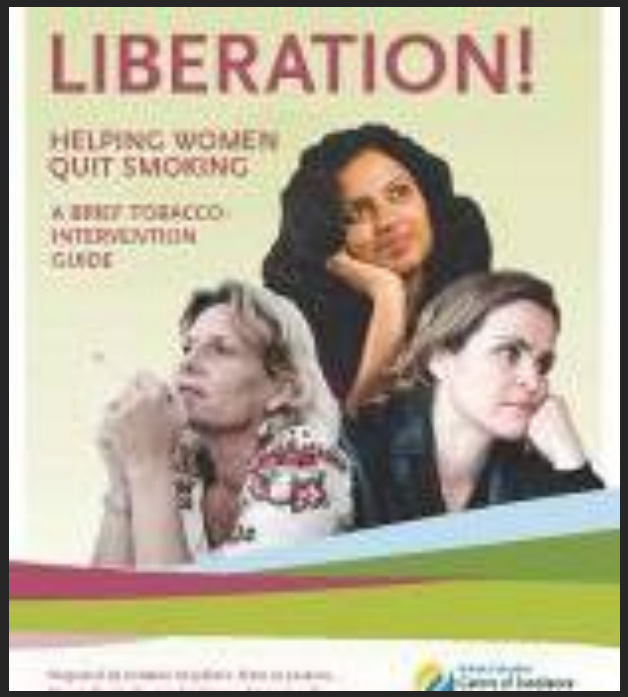
Cultural, Historical, and Gender Issues

Peer Support

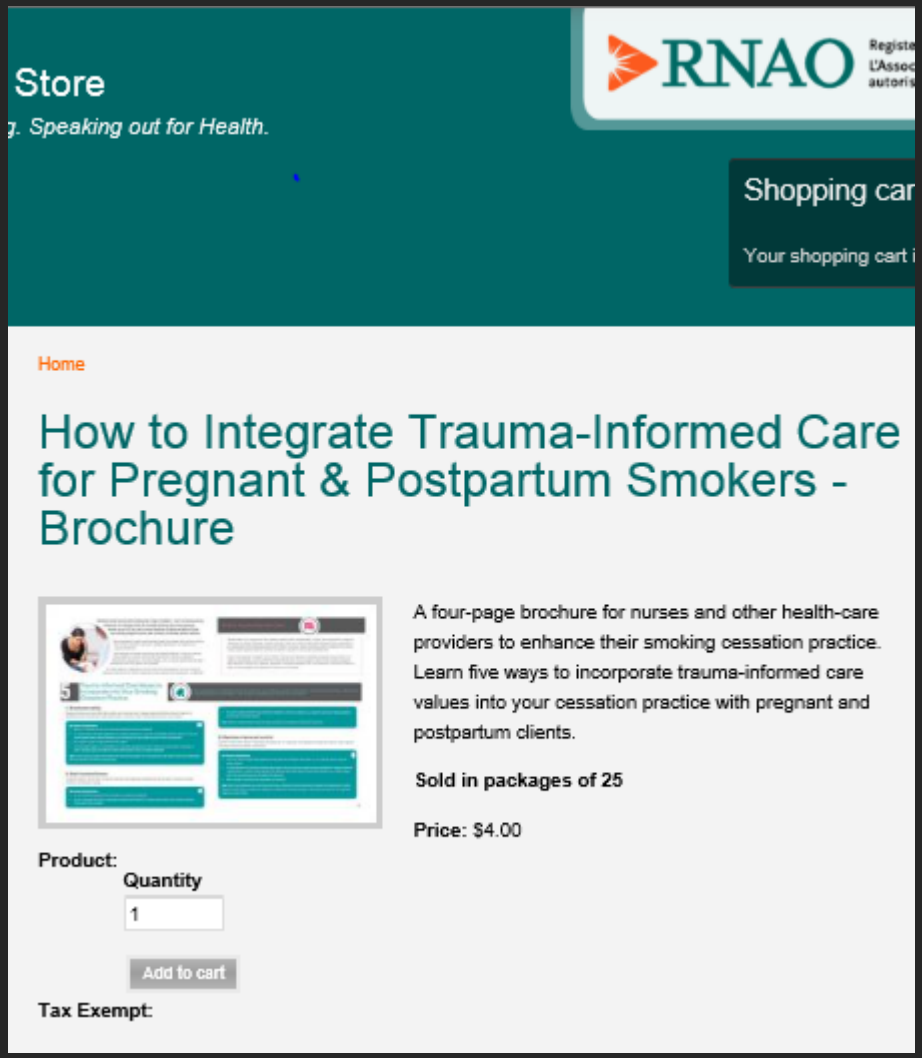
Changing the practitioner

Liberation! Guide

- Individualized response
- Harm reducing
- Women centred
- Integrate social justice issues



Trauma informed tobacco interventions



Provides questions that guide the practitioner to apply the trauma informed principles:

1. emphasize safety
2. build trust
3. maximize choice and control
4. collaborate
5. empower

TIP can be delivered in group setting as well - Group support TIP tips

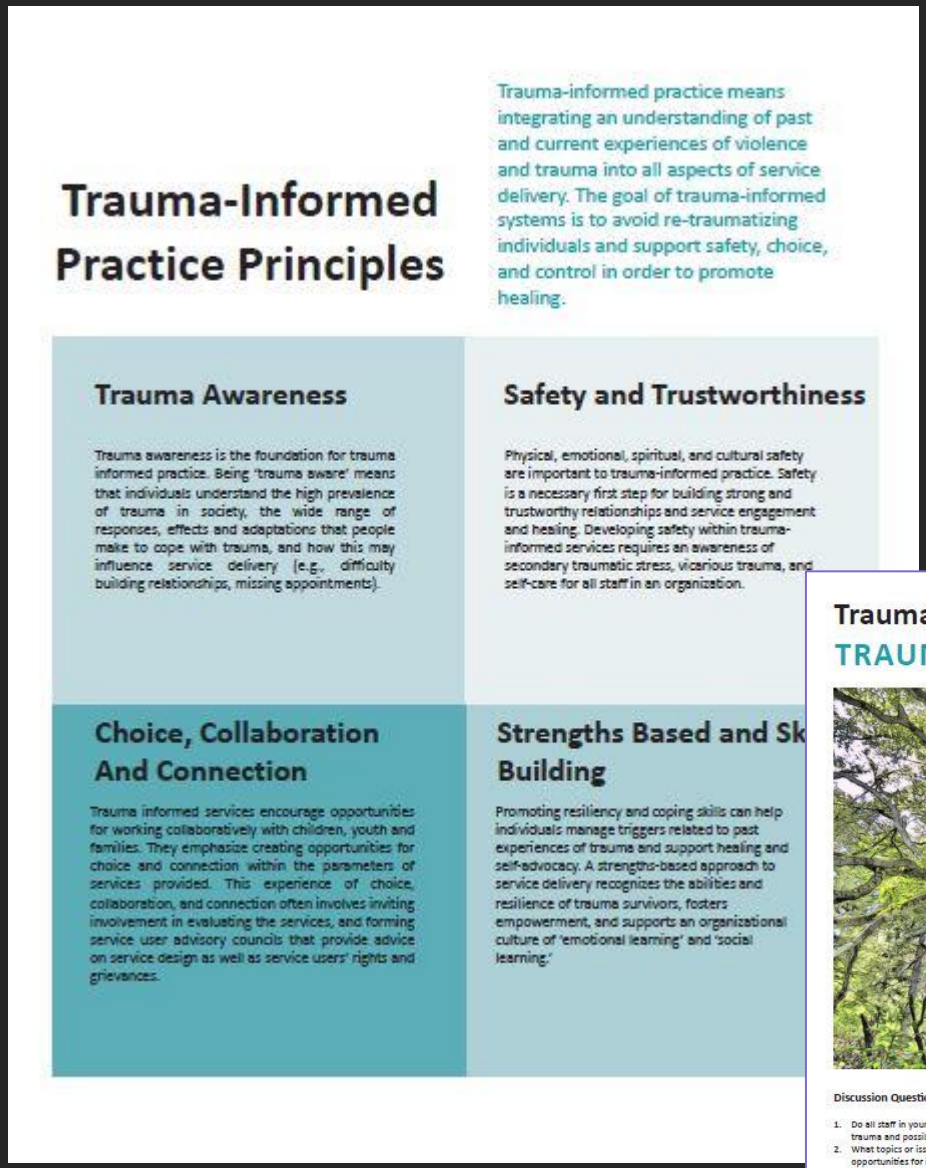
- Engagement and safety
- Motivational interviewing and trauma informed language of change
- Meaningful discussions
- Adaptations, sticky spots and opportunities

- OARS- Communication Skills
  - *Open questions*
  - *Affirming*
  - *Reflective Listening*
  - *Reflective Discord*
  - Summaries and Linking

Support Group Practice Guide. 2014, Frances Jasiura and Cristine Urquhart

A range of products that support TIP have been developed for BCMHSUS

Many are available on the BCCEWH website



Trauma-Informed Practice Principles

Trauma-informed practice means integrating an understanding of past and current experiences of violence and trauma into all aspects of service delivery. The goal of trauma-informed systems is to avoid re-traumatizing individuals and support safety, choice, and control in order to promote healing.

Trauma Awareness

Trauma awareness is the foundation for trauma informed practice. Being 'trauma aware' means that individuals understand the high prevalence of trauma in society, the wide range of responses, effects and adaptations that people make to cope with trauma, and how this may influence service delivery (e.g., difficulty building relationships, missing appointments).

Safety and Trustworthiness

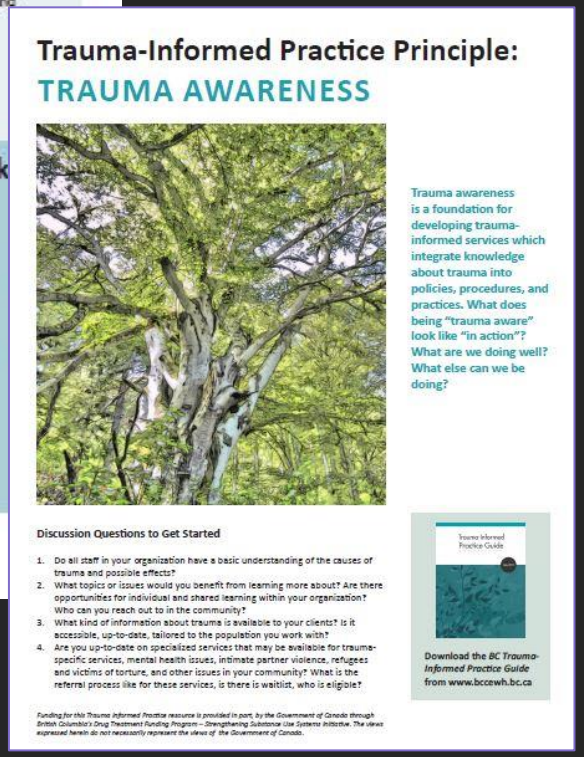
Physical, emotional, spiritual, and cultural safety are important to trauma-informed practice. Safety is a necessary first step for building strong and trustworthy relationships and service engagement and healing. Developing safety within trauma-informed services requires an awareness of secondary traumatic stress, vicarious trauma, and self-care for all staff in an organization.

Choice, Collaboration And Connection

Trauma informed services encourage opportunities for working collaboratively with children, youth and families. They emphasize creating opportunities for choice and connection within the parameters of services provided. This experience of choice, collaboration, and connection often involves inviting involvement in evaluating the services, and forming service user advisory councils that provide advice on service design as well as service users' rights and grievances.

Strengths Based and Sk Building

Promoting resiliency and coping skills can help individuals manage triggers related to past experiences of trauma and support healing and self-advocacy. A strengths-based approach to service delivery recognizes the abilities and resilience of trauma survivors, fosters empowerment, and supports an organizational culture of 'emotional learning' and 'social learning.'



Trauma-Informed Practice Principle:
TRAUMA AWARENESS

Trauma awareness is a foundation for developing trauma-informed services which integrate knowledge about trauma into policies, procedures, and practices. What does being "trauma aware" look like "in action"? What are we doing well? What else can we be doing?

Discussion Questions to Get Started

1. Do all staff in your organization have a basic understanding of the causes of trauma and possible effects?
2. What topics or issues would you benefit from learning more about? Are there opportunities for individual and shared learning within your organization? Who can you reach out to in the community?
3. What kind of information about trauma is available to your clients? Is it accessible, up-to-date, tailored to the population you work with?
4. Are you up-to-date on specialized services that may be available for trauma-specific services, mental health issues, intimate partner violence, refugees and victims of torture, and other issues in your community? What is the referral process like for these services, is there is waitlist, who is eligible?

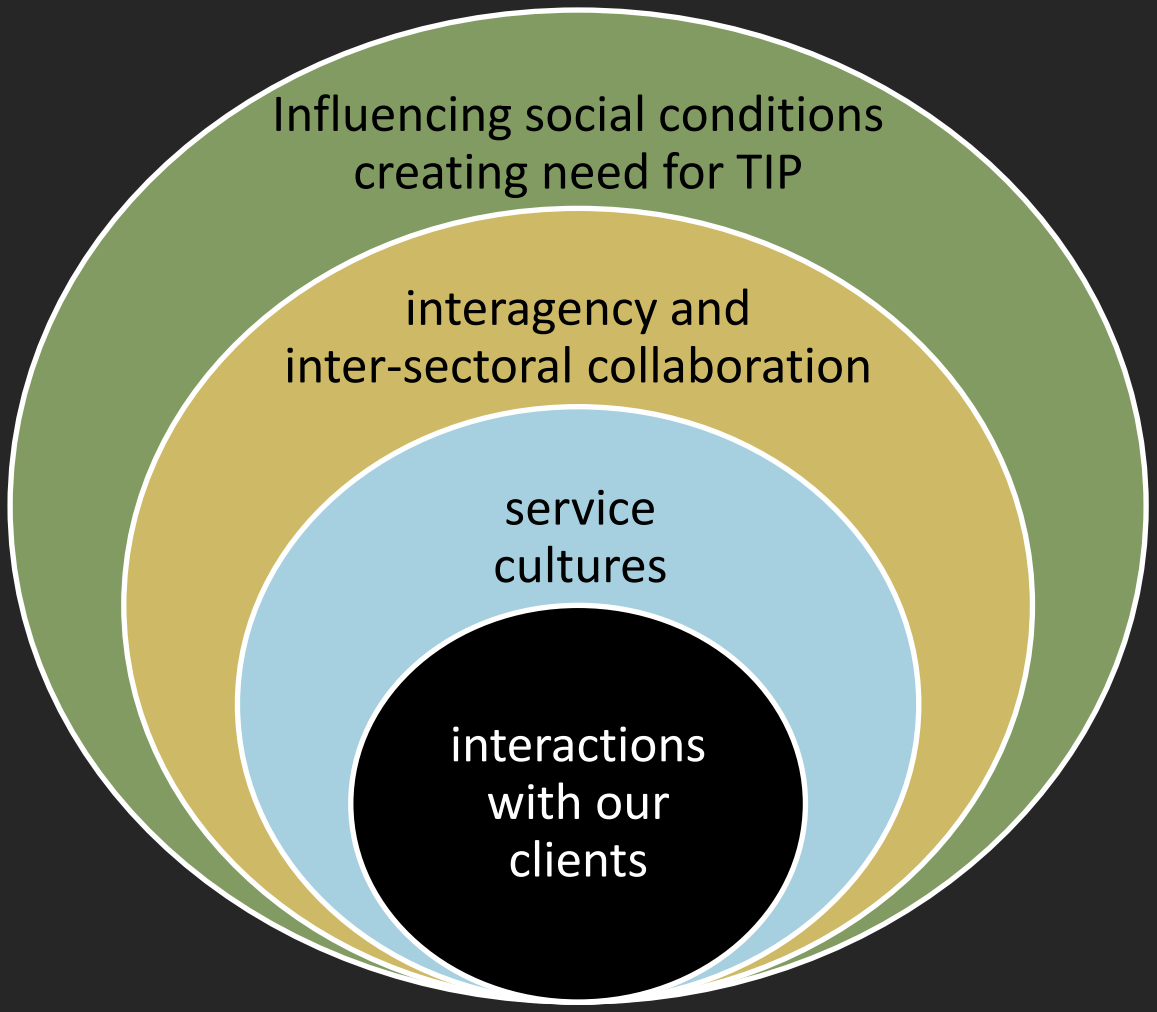
Download the *BC Trauma-Informed Practice Guide* from www.bccewh.bc.ca

Funding for this Trauma Informed Practice resource is provided in part, by the Government of Canada through British Columbia's Drug Treatment Funding Program – Strengthening Substance Use Systems Initiative. The views expressed herein do not necessarily represent the views of the Government of Canada.

4. CREATING AN INTEGRATED SYSTEMS RESPONSE TO TOBACCO

Important to apply what we know from all disciplines

and
to focus on trauma informed practice and policy at all these levels

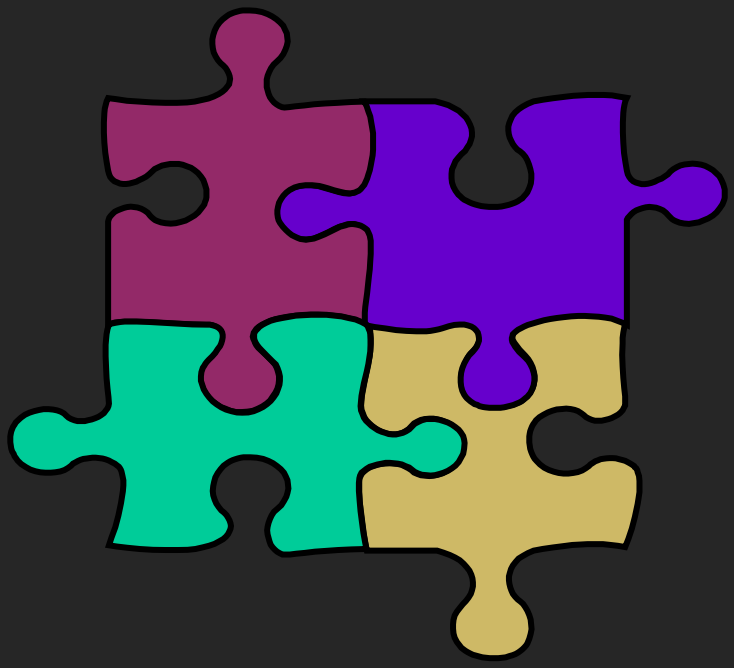


Widening our approach..

- Treatment for tobacco has not been integrated with addiction treatment for other substance use problems
- Trauma not well integrated into treatment for mental health problems
- Social determinants (especially gender) under-recognized in all of the above
- Tobacco control has ignored social justice and social determinants of health

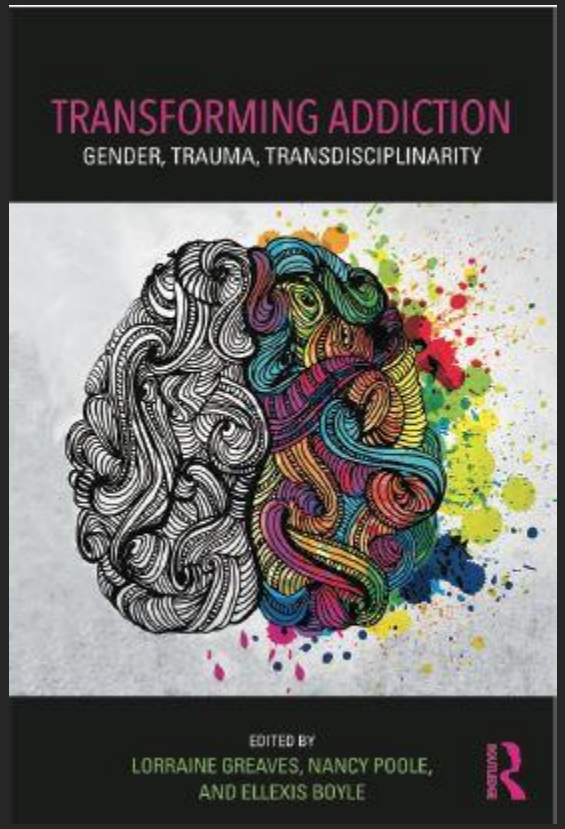
Serving clients better

- Locating tobacco interventions in mental health settings, homeless shelters, transition houses, sexual assault centres, drug treatment centres, sex trade worker organizations, food banks, settings where trauma groups are located, in mutual-aid group settings (e.g 16 Step groups . . .



Transdisciplinarity

- To create a common language, understanding, approach
- Requires willingness to share, listen, respect
- And escape disciplinary training



Examples of transdisciplinarity and tobacco

- *Liberation* guide- integrated evidence from tobacco control, sex and gender differences in tobacco use and cessation, with evidence from women centred approaches to health
- *Aurora Centre*- women in residential treatment for addiction and other substance use issues are often interested in tobacco cessation and there is some evidence of effectiveness
- Integrated better practices review on smoking & pregnancy (*Expecting to Quit*) crosses literatures, practice sites and provider types

What is gender transformative work?

- Improves health and reduces inequity at the same time
- encourages critical awareness among women and men of gender roles and norms
- reduces the use of gender stereotypes
- challenges the distribution of resources and allocation of duties between men and women