Enhancing Services for Families with Substance Use Disorder: Using a Trauma-Informed Approach

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24 March 2022

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Topics for Today

- Enhancing psychological safety for families with SUD
- Promoting choice & voice for families with SUD
- Engaging families with SUD in meaningful & authentic collaboration

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Self-Awareness is Key

- Pay attention to your own needs & responses
- Take care of yourself however you need to during our discussion
- Effects can linger, or surface later
- Use coping skills that help you metabolize and process your responses to trauma
- Find a safe space in which you can process your experiences – this may mean using coping strategies including talking to colleagues, friends, family, or a professional provider

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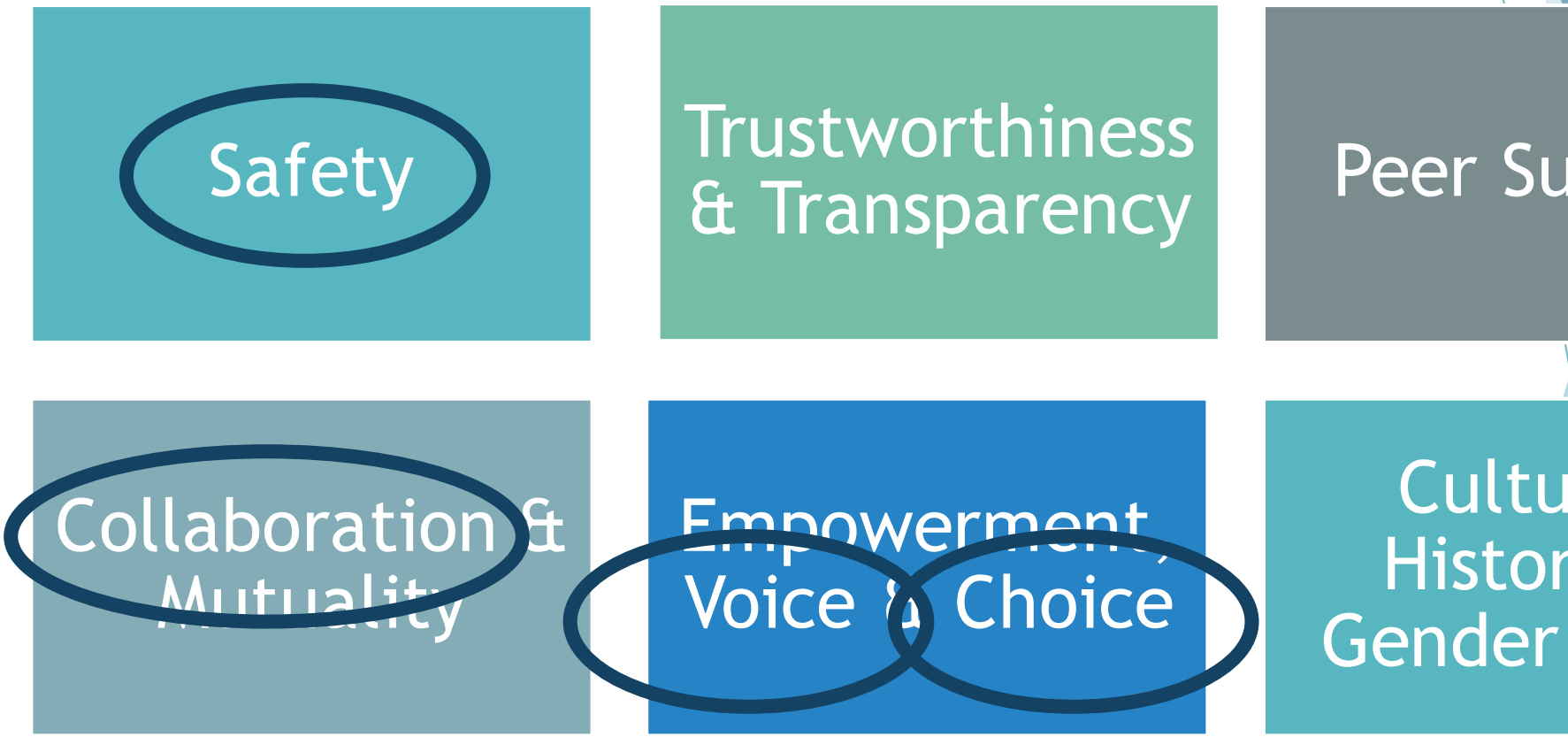
Six Principles of Trauma-Informed Systems



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SAMHSA, (2014), *SAMHSA's Concept of Traum for a Trauma-Informed Approach*

Psychological Safety

A physically & psychologically safe, secure environment is free
threat and:

- *feels welcoming*
- *fosters focus & concentration*
- *supports authentic expression, creativity & innovation*
- *encourages willingness to risk asking questions or trying ne*
- *removes fear of judgment for revealing the truth*
- *eliminates feat of retaliation for speaking out*

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Poll #1

- How psychologically safe families with SUD feel when receiving your services?

  very psychologically safe
  somewhat psychologically safe
  do not feel psychologically safe

- How psychologically safe do staff feel in the work space?

  very psychologically safe
  somewhat psychologically safe
  do not feel psychologically safe

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Creating Psychological Safety

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Creating Psychological Safety

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Creating Psychological Safety

- Consistency, predictability, regular routine
- Show up, be present & listen actively
- Establish & maintain clear boundaries
- Prioritize connection & building the relationship
- Approach with curiosity; learn from & with your families
- Tell families clearly what is or will be happening
- Avoid potential re-traumatization, acknowledge stress response when it occurs

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Brain/Body Response to Trauma

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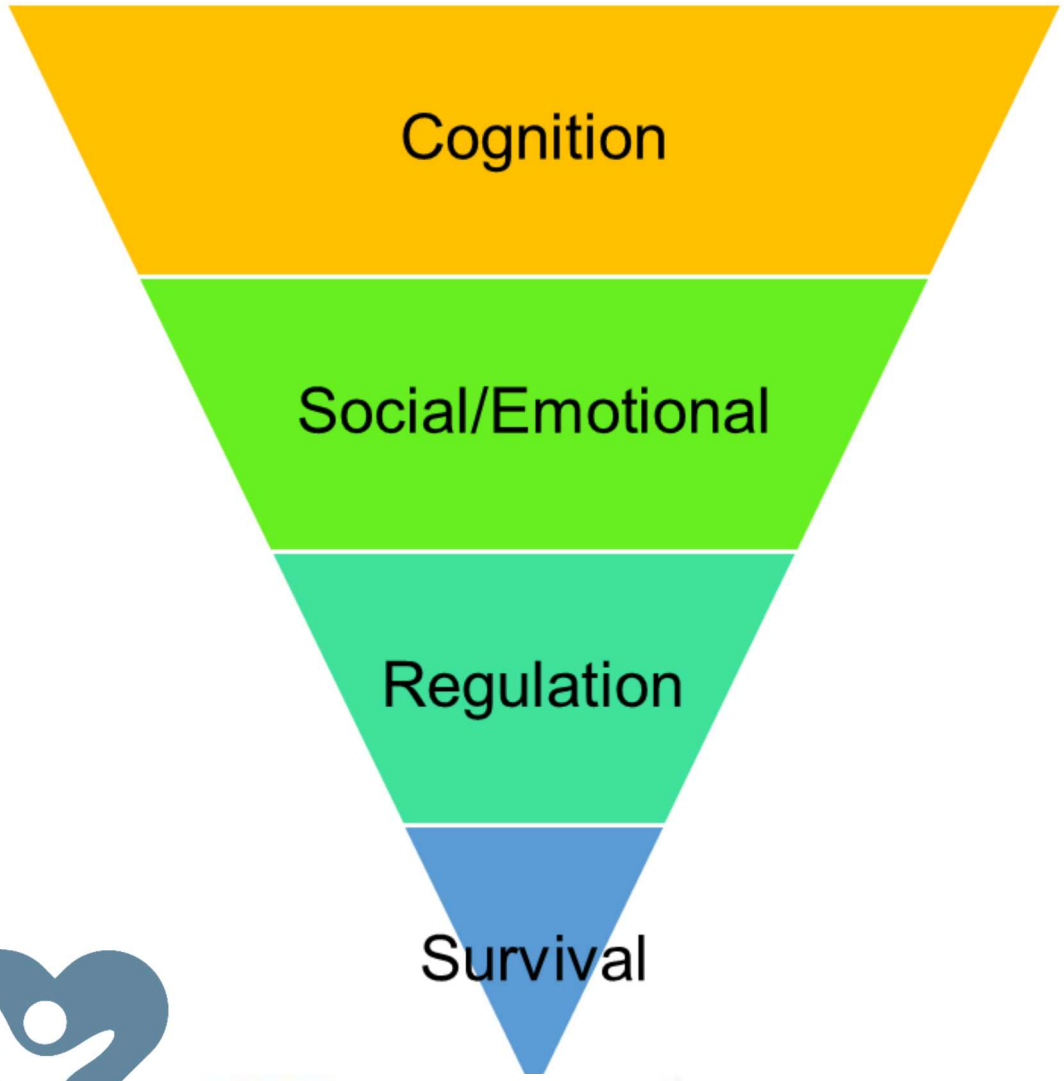
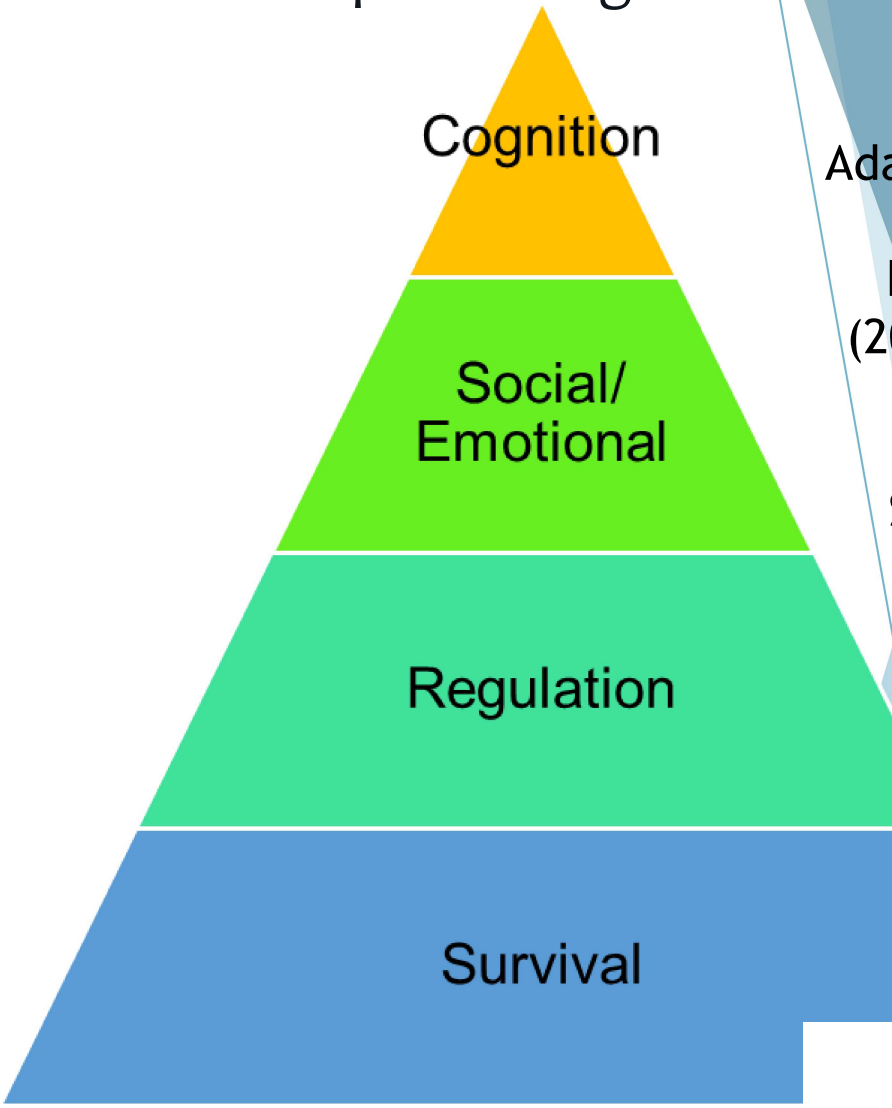
Brain Energy Allocation When Regulated



Brain Energy Allocation Whe Experiencing Harm



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Providing Choice for Families

Trauma is defined by a sense of powerlessness. Choice counte
feeling and helps to regulate the threat response:

- *Small choices are as important as larger ones*
- *Choices can be about process, not just content, of services*
- *Think when, where, and who?*
- *Always provide the why and the what if for all choices*
- *Choices are part of informed consent*

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In the chat…

- How much choice do families with SUD have when receiving your services?

  many *choices*

  some *choices*

  few *choices*

  none*/no choices*

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Providing choice

- Don’t rush
- Privilege questions: ask questions, listen to questions & give thorough answers
- Start with physical comforts & convenience for service delivery
- Next check in on feelings about the service, how you’re doing, what they need
- Finally ask if they have questions & provide the answers; always start at the beginning
- Providing choice means seeing the families as humans just like you

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Giving Families a Voice

Families often feel they have no input into their destiny; they
everyone else does, or is supposed to make decisions for & abo
Family voice is not only respectful, it improves service outcom

- *Families are the experts on themselves*
- *Engage them in sharing who they are: What makes them ha
What do they need? Who and what has been helpful? What
their dreams for the future?*
- *Hear how they think you can help*

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In the chat….

- How much voice do families with SUD have when receiving your services?

  lots *of opportunities for voice*

  some *opportunities for voice*

  few *opportunities for voice*

  none*/no opportunities for voice*

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Promoting Family Voice

- Make small talk
- Ask human-centered questions
- Notice & remark on changes
- Offer affirmations
- Be authentic in asking their opinion & ideas
- Find out what they think they need
- Validate their feelings, thoughts, fear and dreams
- Build accountability and responsibility by engaging families in the process of developing & implementing services

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Collaborating with Families

Families often have no input into their services; they feel at th
of the system and it's professional providers. Authentic collab
not only saves us time and energy, it teaches responsibility &
accountability:

- *Families should consider the options; weigh & make decisio*
- *Families should contribute to the decisions regarding their*
  & their future
- *Families should be at the table for all decisions, even if son*
  the hands of higher authorities

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In the chat…

- How much do your services engage families with SUD in authentic collaboration?

  high *level of family collaboration*

  some *level of family collaboration*

  low *level of family collaboration*

  none*/no family collaboration*

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Enhancing Collaboration with Families

- Leave enough time to be able to engage families authentically
- Refrain from making decisions without families, in advance: think about options but avoid decisions
- Translate terminology, concepts & rational to lay language; find analogies they will understand
- Look people in the eye; stop writing/typing long enough to hear what they are saying
- Don't interrupt, cut them off, or finish their sentences
- Meet them in places & spaces that aren't intimidating
- Ask what makes them worried or uncomfortable

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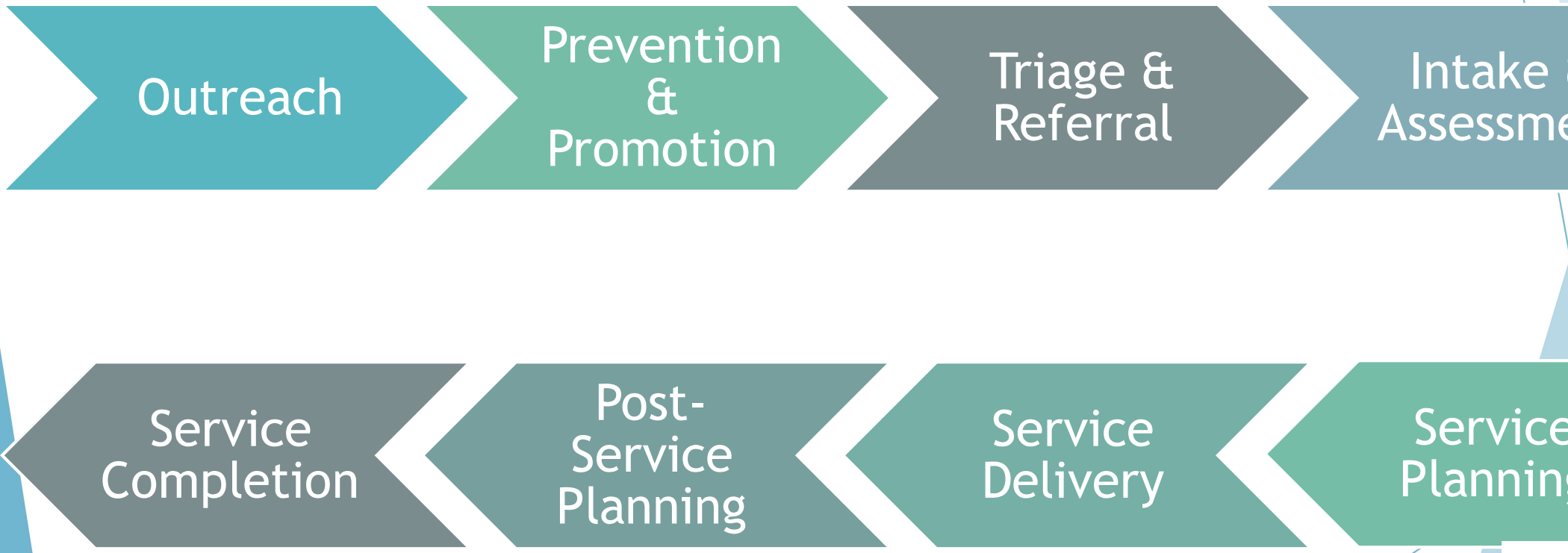
When to promote Safety, Choice, Voice & Collaboration?



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Case: The "Hall-Gomez" Fami

"Tiffany Hall "
26 year old female
depression, abdominal pain, smoking, anemia, SUD (pills), history of DCBS case

"Mario Gome
34 year old mal
ETOH, works as a land
English not his first la

"Annie Smith"
6 year old female
cavities, needs glasses, asthma, few friends at school, cries easily, lethargic

"Jarred Gomez"
11 month old male
NAS, respiratory difficulties, lethargic

*This is
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Working with the "Hall-Gomez" Family:

- *Tiffany frequently says "tell me what to do" or "tell me wh want me to do"*
- *Mario is very silent, seems both angry and anxious*
- *Sometimes you wonder if they are listening to what you are*
- *They only seem truly interested when you are bringing good formula, toys, etc.*
- *They often miss appointments when they are supposed to c the clinic*

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Discussion Questions

1. How can you create ***psychological safety*** for this family?
2. What ***choices*** can you offer them?
3. What can you do to get them to ***speak up*** about what they want & like, don't want or like, etc.?
4. What can you do to engage them in ***collaborative*** planning & decision-making?

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Bottom Line

- **All interactions** with families can and should be trauma-informed and resilience-oriented
- Services should **always prioritize relational dynamics** by enhancing psychological safety, choice, voice & collaboration
- Safety, choice, voice & collaboration happen at all phases, stages & levels of service delivery.
- Providers always have the responsibility to ensure they are happening

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Poll #2

- How comfortable are you **collaborating** with families with SUD?

  very comfortable

  somewhat comfortable

  not at all comfortable

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