



Northeast & Caribbean (HHS Region 2)

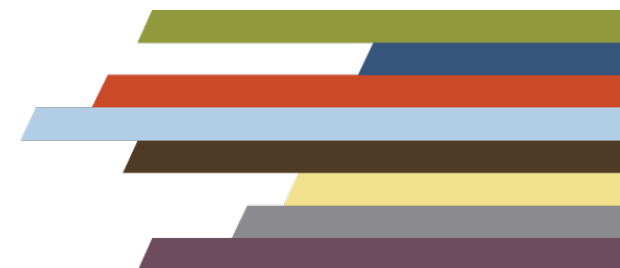
PTTC

Prevention Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration

Cultural Bereavement, Trauma and Stress, and Substance Use

Diana Padilla, MCPC, CARC, CASAC-T
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Technical Assistance & Implementation
SBIRT / Equity & Inclusion



Certificate of Completion

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- You must attend the entire session.



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Disclaimer



The development of these training materials was supported by grant TI082504 (PI: M. Chaple) from the Center for Substance Abuse Treatment, Substance Abuse and Mental Health Services Administration (SAMHSA), United States Department of Health and Human Services. The contents are solely the responsibility of the Northeast and Caribbean Addiction Technology Transfer Center, and do not necessarily represent the official views of SAMHSA.

Purpose of SAMHSA's Technology Transfer Centers

The purpose of the Technology Transfer Centers (TTC) program is to ***develop and strengthen the specialized behavioral healthcare and primary healthcare workforce*** that provides substance use disorder (SUD) and mental health prevention, treatment, and recovery support services.

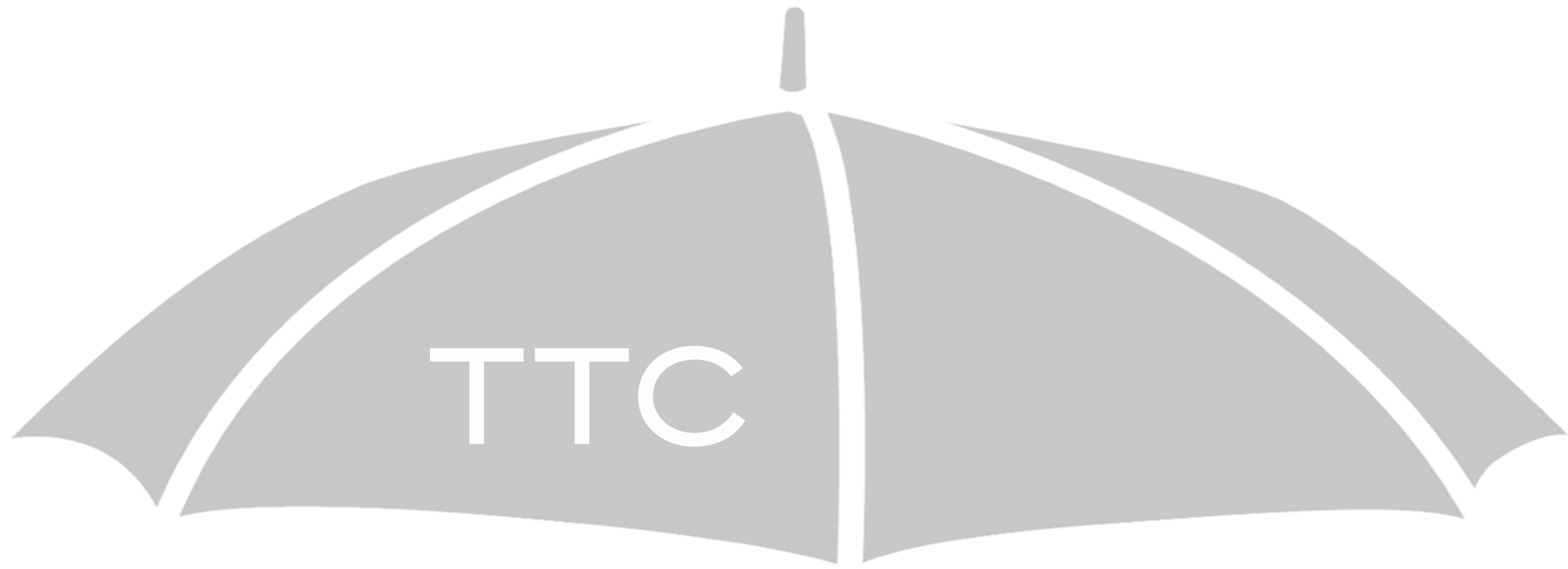
Help people and organizations incorporate ***effective practices*** into substance use and mental health disorder prevention, treatment and recovery services



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ATTC



MHTTC



PTTC



The use of affirming language inspires hope and advances recovery.

LANGUAGE MATTERS.

Words have power.

PEOPLE FIRST.

The ATTC Network uses affirming language to promote the promises of recovery by advancing evidence-based and culturally informed practices.

Virtual Platform Logistics



- Chat box
- Raise your hand feature
- Muting and unmuting
- Connectivity issues
- Camera visual and participation

Breakout – Activity 15 minutes

Define the following

- Trauma
- Stress
- Bereavement
- Grief

Trauma and Stress

- **Trauma** is any experience that overwhelms one's nervous system; interpretation of experiences as threatening.
- **Stress** is the physiological or psychological response to internal or external stressors; influences how people feel, behave, and cope.
- **Bereavement** is not always rooted in the death of a loved one or other types of losses that can impact emotional well-being.
- **Grief** is a person's natural reaction to loss, manifesting itself in emotional pain and sadness

Challenges of Grief and Substance Use

- Unresolved grief and trauma are major contributors to substance use.
- Sometimes the grief comes before a substance use disorder (SUD), and at other times the use is intensified by a loss.
- Substance use and bereavement are related and common themes; untreated grief might impact high-risk behavior, substance use, and recovery treatment outcomes.

Grief by the Numbers (US)

- Older adults experience grief at a higher rate than younger adults or children. Spousal loss is common in older adults as well as the death of friends, siblings and cousins.
- About 2.5 million people die in the United States annually, each leaving an average of five grieving people behind.
- It's estimated that 1.5 million children (5% of children in the United States) have lost one or both parents by age 15.

Complicated Grief (CG)

- Complicated grief (CG) is a syndrome that affects 10% to 20% of griever regardless of age, although proportionally more will face the death of loved ones in late life.
- Grief can be a strong, sometimes overwhelming, reaction to loss that can last from a few weeks to years.
- Characterized by symptoms including inability to accept the death, intense yearning or avoidance, frequent reveries, deep sadness, crying, somatic distress, social withdrawal, and suicidal ideation.



Certain Thoughts Make Grieving More Difficult

- CG is a form of grief that takes hold of a person's mind and won't let go.
- Most people with CG had a rewarding relationship with their loved one and can get caught up with second guessing or thinking they could have done something to prevent the loss.

Examples include: *thinking they had failed their loved one or that someone else did, imagining how things might have been different, thinking someone could have prevented the death or made it easier.*



Grief, Trauma, Stress and Diverse Communities



Breakout Activity - 20 minutes

List experiences that compromise an individual's ability to cope and grieve for the following identities:

- **Migrant** (a person who moves from one place to another, especially in order to find work or better living conditions)
- **Refugee** (a person who has been forced to leave their country in order to escape war, persecution, or natural disaster)
- **Immigrant** (a person who comes to live permanently in a foreign country)
- **Racial/Ethnic** (person of a diverse background)
- **Trans or Gender Diverse** (includes those who have a gender identity that differs from the sex assigned to them at birth)

Potential Traumatic Experiences

- Physical, sexual, or psychological abuse and neglect (including trafficking)
- Natural and technological disasters or terrorism
- Family or community violence
- Sudden or violent loss of a loved one, or consistent death
- Substance use disorder (personal or familial)
- Refugee and war experiences (including torture)
- Serious accidents or life-threatening illness
- Military family-related stressors (e.g., deployment, parental loss or injury)

Trauma and Stress

Before, During, and After Immigrating

- **Pre-migration trauma.** People may have experienced trauma before their move
- **Travel and transit.** This might involve violence, detention, forced labor, or lack to access to basic services.
- **Post-migration trauma.** Migrants and refugees can experience trauma with barriers to accessing basic services like education and health care, and poor living conditions.
- **Settlement and integration.** Challenges with settling and integrating can cause trauma and may include experiences of racism, exclusion, isolation and discrimination, and poor living and working conditions.

Domestic Migration

- Internal migration or domestic migration is human migration within a country.
- Groups of people may travel for education and for economic improvement or because of a natural disaster or civil disturbance.
 - ✓ NY -299,557
 - ✓ NJ -64,231
 - ✓ FL +318,855
 - ✓ TX +230,961

Acculturation and Stress

- Acculturation refers to the processes by which groups or individuals adjust the social and cultural values, ideas, beliefs, and behavioral patterns of their culture of origin to those of a different culture.
- Acculturative stress refers to the stressors associated with being an immigrant or ethnic minority and going through the acculturation process.



Cultural Bereavement (CB) & Characteristics

- The experience of the uprooted person, or group, resulting from loss of social structures, cultural values, self-identity and/or aspects of their “normality.”
- Guilt of abandonment from country of origin despite the impetus or urgency for survival.
- Finds constant images of the past (including traumatic images) intruding into daily life, and feels stricken by anxieties, morbid thoughts, and anger that mar the ability to get on with daily life.

CB and Substance Use

- The grief one experiences from being uprooted from your “familiar” world (social structures, cultural values and self-identity), and into an unfamiliar social context or society can increase stress and anxiety.
- *Accessibility (drugs)* and opportunity (*peer relationships*) as a means of coping with previous or ongoing trauma, stress, isolation, and uncertainty.



Impact of Culture on Trauma



Specifically, culture:

- Influences what type of threat is perceived as traumatic
- Influences how individuals and communities interpret the meaning of a traumatic event and how they express their reactions to the event
- Forms a context through which traumatized individuals or communities view and judge their own response
- May help define healthy pathways to new lives after trauma

resides in your ancestral memory and DNA. It results in numerous defense mechanisms, developmental malfunctions, and behavioral issues. This is scientific and is supported in studies.

~Tony Ten Fingers/Wanbli Nata'u, Oglala Lakota



Historical, Intergenerational

- A historical trauma is an event, or a set of events, that happens to a group of people who share a specific identity and that results in the significant disruption of traditional ways of life, culture and identity.
- Intergenerational trauma occurs when trauma is transferred from one generation of survivors to the next, even though the second generation did not survive the trauma itself.



Trauma and Substance Use



- 5% of individuals with post-traumatic stress disorder (PTSD) also met criteria for a substance use disorder diagnosis.
- One-quarter to three-quarters of people who have survived abusive or violent traumatic experiences report problematic alcohol use.
- One-tenth to one-third of people who survive accidents, illness-related, or disaster-related traumatic events report problematic alcohol use, especially if they experience persistent health problems or chronic pain after the event.
- Women who are exposed to traumatic events show an especially increased risk for alcohol use disorder.
- Men and women who have experienced sexual abuse have higher overall rates of alcohol and other substance use disorders.

Substance Misuse



- **Self-medication hypothesis:** People with PTSD use substances in an attempt, to cope with or counteract their symptoms.
- **High-risk hypothesis:** People who abuse substances have higher rates of trauma as a result of their substance use (usually due to lifestyle choices associated with the substance use).
- **Susceptibility hypothesis:** People who use substances are more susceptible to developing PTSD after exposure to trauma than those who do not use substances.

Using a Trauma Lens

Consider, for instance, an individual placed in care with meal services which includes entrees that combine more than one food group. The individual refuses to eat and claims that food choices are limited.

You may initially perceive their refusal to eat or to avoid certain foods as an eating disorder or a behavioral problem.

Using a trauma lens, what might be factors of consideration and worth exploring?

Consider that this client may have experienced neglect and abuse surrounding food throughout childhood (forced him to eat meals prepared by combining anything and cooking them together), or related to traumatic experiences (IPV), etc.

Benefits of an Informed Approach

- Person centered approach
- Culturally and linguistically appropriate
- Engagement opportunities
- Efficacy of the intervention

Cultural Principles

- **Cultural Humility** is a reflective process of understanding one's biases and privileges, managing power imbalances, and maintaining a stance that is open to others in relation to aspects of their cultural identity that are most important to them.
- **Culturally Responsive** services are those that are respectful of, and relevant to, the beliefs, practices, cultural and linguistic needs of diverse communities.

Culturally Informed Environment

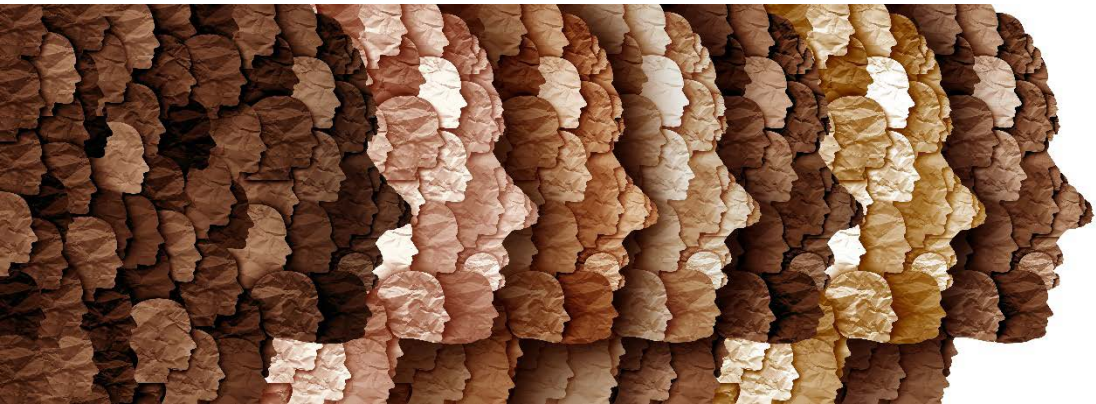
Essentials for creating a conducive atmosphere prior to beginning the initial interaction and screen.


- Culturally appropriate
- Trauma informed
- Affirming
- Preferred language

What Are Some Cultural Practices?


In your groups, identify cultural practices for:

- African-American
- Hispanic-American
- European-American
- Asian-American
- Islamic culture





The inability of families and communities to perform the cultural rituals for lost loved ones increases the likelihood of survivors suffering from depression, anxiety and increases risk of substance use.



Cultural Assessment



LISTEN

BE OPEN

RESPECT

Culturally Sensitive Trauma Informed Approach



- Recognize the cultural variations in the perception of trauma and traumatic stress responses.
- Ask individual about what the trauma means to them and incorporate these beliefs in assessment and treatment plans.
- Listen to and integrate the client's own terms for what they are experiencing.
- Understand how your helping role is perceived and family dynamics and decision-making.
- Be open to including kinship networks and other types of healing professionals or practices that the individual views as helpful.
- Remember and respect client's interpretations, experiences, and practices may differ from your own.

Considerations for Screening and Assessment



- Preferred language
- Confidentiality
- Universal approach to screening
- Validated screening instruments
- Types of screens
- Screen interpretation
- Fidelity of screening facilitation

Cultural Assessment of Grief

- Cultural assessment of grief is important among persons seeking substance use or mental health care experiencing loss for different reasons.
- Helps the provider to understand the role of bereavement in the onset of substance use and mental health.
- Facilitates exploration of the psychological burden related to not having been able to perform meaningful death rituals.
- Helps to clarify the individual's expectations about what types of help may be appropriate and the duration of treatment.
- Cultural interviewing is likely to enhance rapport and treatment motivation

Trauma-Related Symptoms and Impairment – Rapid Screen (TSIRS)

INSTRUCTIONS:

- Most people are exposed to one or more traumatic or violent events in their lifetime.
- Many people have problems or impairment related to trauma or violence exposure.
- The following YES or NO questions ask about any emotional or behavioral problems or impairment that you may have had in the past month because of exposure to trauma or violence.

#	BECAUSE OF TRAUMA OR VIOLENCE...	IN PAST MONTH	
1	I have certain thoughts, feelings, or dreams that I do not want	NO	YES
2	I avoid or try to stay away from people, places, things, or activities	NO	YES
3	I feel or think bad about myself, others, or the world	NO	YES
4	I act angry or aggressive towards others	NO	YES
5	I react to situations in unhealthy or harmful ways	NO	YES
6	I do poorly at work or school	NO	YES
7	I have less fun than other people	NO	YES
8	I do not get along with my family, friends, or other people	NO	YES
9	I get into trouble with the law	NO	YES
10	I use alcohol or other substances	NO	YES

Scoring and interpretation:

1. Calculate *Trauma-related Symptoms*: 1-point for each 'Yes' for items 1-4 and 1-point if either item 4 or 5 is 'Yes'. Scores will range from 0 to 4.
 2. Calculate *Trauma-related Impairment*: 1-point for each 'Yes' for items 6-10.
- Any score of 2 or more for *Trauma-related Symptoms* indicates increased risk for posttraumatic stress disorder (PTSD).

TSIRS – Rapid Screen

- Trauma Related Symptoms & Impairment screen
- <https://traumascreens.com/wp-content/uploads/2018/05/TSIRS-050418-1.pdf>

Cultural Formulation Interview (CFI)

Supplementary modules used to expand each CFI subtopic are noted in parentheses.

GUIDE TO INTERVIEWER

INSTRUCTIONS TO THE INTERVIEWER ARE *ITALICIZED*.

The following questions aim to clarify key aspects of the presenting clinical problem from the point of view of the individual and other members of the individual's social network (i.e., family, friends, or others involved in current problem). This includes the problem's meaning, potential sources of help, and expectations for services.

INTRODUCTION FOR THE INDIVIDUAL:

I would like to understand the problems that bring you here so that I can help you more effectively. I want to know about *your* experience and ideas. I will ask some questions about what is going on and how you are dealing with it. Please remember there are no right or wrong answers.

CULTURAL DEFINITION OF THE PROBLEM

CULTURAL DEFINITION OF THE PROBLEM

(Explanatory Model, Level of Functioning)

*Elicit the individual's view of core problems and key concerns.
Focus on the individual's own way of understanding the problem.
Use the term, expression, or brief description elicited in question 1 to identify the problem in subsequent questions (e.g., "your conflict with your son").

Ask how individual frames the problem for members of the social network.

Focus on the aspects of the problem that matter most to the individual.*

1. What brings you here today?
*IF INDIVIDUAL GIVES FEW DETAILS OR ONLY MENTIONS SYMPTOMS OR A MEDICAL DIAGNOSIS, PROBE:
People often understand their problems in their own way, which may be similar to or different from how doctors describe the problem. How would you describe your problem?*
2. Sometimes people have different ways of describing their problem to their family, friends, or others in their community. How would you describe your problem to them?
3. What troubles you most about your problem?

CULTURAL PERCEPTIONS OF CAUSE, CONTEXT, AND SUPPORT

CAUSES

(Explanatory Model, Social Network, Older Adults)

*This question indicates the meaning of the condition for the individual, which may be relevant for clinical care.

Note that individuals may identify multiple causes, depending on the facet of the problem they are considering.

Focus on the views of members of the individual's social network. These may be diverse and vary from the individual's.*

4. Why do you think this is happening to you? What do you think are the causes of your [PROBLEM]?

*PROMPT FURTHER IF REQUIRED:
Some people may explain their problem as the result of bad things that happen in their life, problems with others, a physical illness, a spiritual reason, or many other causes.*
5. What do others in your family, your friends, or others in your community think is causing your [PROBLEM]?

CFI

- Cultural Formulation Interview (DSM-5) instrument
- <https://www.psychiatry.org/File%20Library/Psychiatrists/Practice/DSM/DSM-5-TR/APA-DSM5TR-CulturalFormulationInterviewInformant.pdf>

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If you are sharing a computer with others, please type your names in the chat box.

Please fill out your evaluation forms – it will only take a couple of minutes! Just scan the code with the camera on your smart phone, click on the link in the chat box, or type the link into your browser: <https://ttc-gpra.org/P?s=675761>

Don't worry if you can't – an email with the link will be sent to you tomorrow along with a copy of the slides.

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