



Agenda

All Task Forces

Substance Misuse and Mental Health Alliance

Wednesday, January 23, 2019 from 10:00-11:00 am

Abrams Public Health Center Room 1106/1108

In place of the January Task Force meetings, the Alliance will host a presentation by The Haven on an innovative approach to treating substance use disorders based on early childhood trauma, the environment, genetic, and socioeconomic factors.

The Haven Model

Recovery with Respect

Integrated addiction treatment addressing the neurobiological, somatic, cognitive, behavioral, and socioeconomic root causes of addiction

Founded in 1970, The Haven's non-profit mission is to offer the highest quality and most effective prevention and treatment services for women who, but for our program, would be homeless and hopeless. The Haven offers residential, interim housing, outpatient, intensive outpatient programs and continuing care services. Our focus on women and the acceptance of their children into residence is unique in our community.

Neurobiological and early childhood trauma research have resulted in scientific breakthroughs that have revolutionized the understanding of substance use disorders.

Five Key Clinical Objectives

The Haven team has developed an approach, based on neurobiological findings, that we call The Haven Model. Five key clinical objectives for The Haven Model treatment program have been identified. Each of these objectives are based on the integration of both medical and behavioral health objectives for the remission of substance use disorder.



In our presentation we explain the neurobiological foundation for each of these five objectives and how they enhance the clients' healing experience.

Organizing for Optimal Customer Experience

Knowing the importance of customer experience in the context of providing effective treatment, it is key that every interaction our clients have with Haven staff is consistent with the philosophy of the new approach.

The Haven understands that an organizational structure is required to support this level of customer care and has developed an approach called “Full Immersion Treatment”. Interventions for each of the five treatment objectives have been developed for every level of job category at the Haven.

Each and every employee at the Haven has gone through training to prepare them for how this over-arching customer care process (The Haven Model), affects them in the context of their job family and scope of responsibility. We show how this structure and the training was developed and implemented in our presentation.

The Science Behind the Haven Model

The final part of our presentation covers the following topics:

- Adverse childhood events and their impact on substance use disorder from a neurobiological perspective.
- How substance use disorder develops throughout the life cycle of an individual.
- How neural pathways are affected by trauma resulting in a body that is locked into the fight/flight/freeze response.
- All SUD sufferers are not the same and have different treatment needs.
- Medical and behavioral health profile of an adult with substance use disorder.
- Understanding the neurobiological reasons for relapse and how this changes the way the SUD continuum of care is currently designed.

Point of Care Strategies: Implementation of evidence-based and/or best practices treatment for substance use disorder based on neurobiological research:

1. Five Key Clinical Objectives
2. Organizing for Optimal Customer Experience
3. The Science Behind the Haven Model

Five Key Clinical Objectives: Creating a process that can be used prior to every individual or group session that creates a relaxed body, quiet the cognitive processing, activate the deep right limbic system resulting in a whole brain, whole body state for the client.

Organizing for Optimal Customer Experience: Creating an organizational structure that supports a treatment environment with all customer interactions mindfully facilitated by each employee.

The Science Behind the Haven Model: explanation of the neurobiological progression of substance use disorder based on early childhood trauma, environment, genetic and socioeconomic factors. The understanding of this progression informs a very different approach to treating the disease of SUD.

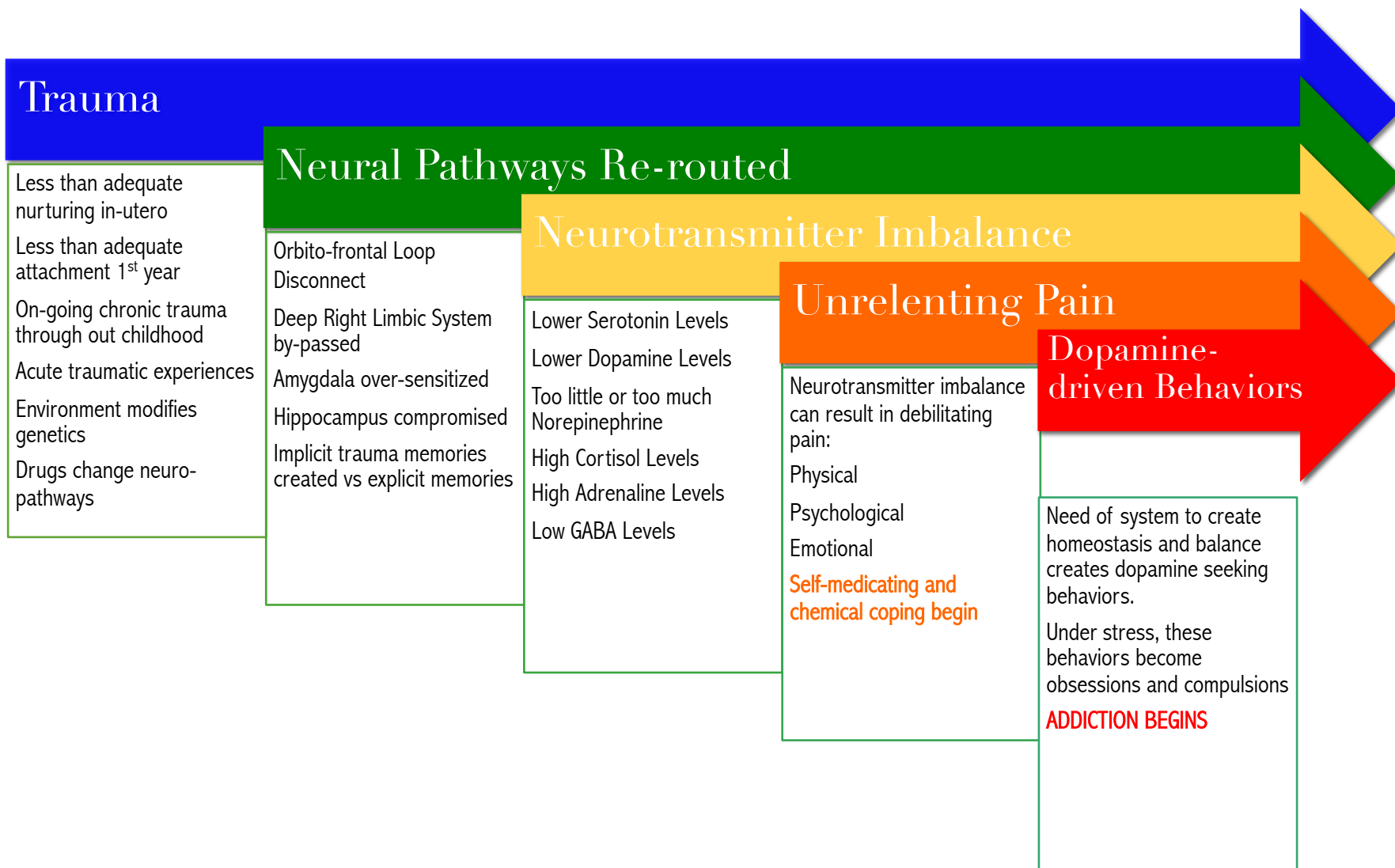


THE HAVEN MODEL

Neurobiology of Substance Use Disorder

INTEGRATED ADDICTION TREATMENT ADDRESSING THE COGNITIVE, SOMATIC, BEHAVIORAL, NEUROBIOLOGICAL AND SOCIOECONOMIC ROOT CAUSES OF ADDICTION

How Addiction Develops:



Early Childhood Trauma/**SUD** Progression

In-Utero:

- Somatosensory Distress
- Neural path disconnect

0-12 mos:

- “Sense of Self” can’t develop
- Trauma/Stress memories can’t release
- Fight/Flight/Freeze experience is the norm

1-3 yrs:

- Attachment patterns established:
 - Dominance, Dependence, Disordered
 - “Not Belonging” established
 - Superiority/Inferiority established
- No authentic sense of self
- Hard to make sense of experiences = trauma
- Non-verbal: Language learning and understanding

Early Childhood:

- Verbal: language integrated into thought process
- No authentic sense of self
- Mask/Persona created
- Core beliefs, behaviors & emotions created by external experiences
- “Trauma Cluster” begins to develop:
 - Depression
 - Anxiety
 - OCD
 - PTSD
 - Suicidality

Adolescence:

- Black & white thinking established
- Perfectionism
- Unrealistically high expectations
- Feelings of shame, guilt, humiliation and rejection
- Self-hatred, Self-loathing
- Sense of not belonging reinforced
- Trauma Cluster issues increase in intensity
- Beginning of chemical coping/self medicating
 - Occasional relief drinking/using
 - Increase in Tolerance
 - Increasing dependence
 - Guilt
 - Unable to discuss problems
 - Persistent remorse
 - Loss of other interests

Young Adult:

- No “Sense of Self”
- No release of trauma memories
- Self-hatred, self-loathing
- Feelings of shame, guilt, humiliation and rejection
- Chronic stress/fight, flight, freeze
- Hopelessness
- Escape from unceasing, painful self-awareness becomes compelling:
 - Sleep
 - Cutting/self mutilation
 - Alcohol
 - Drugs
 - Eating disorder
 - Death
- Family and friends avoided
- Unreasonable resentments
- Drinking/using with chronic users
- Impaired thinking

Adult:

- Obsessive drinking/using continues in vicious cycles
- Unable to initiate action
- Family, relationship, money and employment troubles
- Unbearable emotional, physical, psychological pain

Early Childhood Trauma/SUD Recovery

Consequences of Early Childhood Trauma:

- Co-occurring Mental Illness
- Trauma memories not released
- Chronic stress/fight, flight, freeze
- Black & white thinking
- Perfectionism
- Unrealistically high expectations
- Feelings of shame, guilt, humiliation and rejection
- Sense of not belonging reinforced
- Superiority/Inferiority established



- Diminished “Sense of Self” (don’t know who they really are)
- Self-hatred, Self-loathing
- Attachment patterns established: Dominance, Dependence, Disordered
- “Trauma Cluster issues manifest



- Mask/Persona created
- Core beliefs, behaviors & emotions created by external experiences, not internalized learning/development
- Hopelessness
- “Trauma Cluster issues increase in intensity

Beginning of Chemical Coping/Self Medicating:

- Occasional relief drinking/using
- Increase in Tolerance
- Increasing dependence
- Guilt
- Unable to discuss problems
- Persistent remorse
- Loss of other interests
- **Escape from unceasing, painful self-awareness becomes compelling:**
 - Sleep
 - Cutting/self mutilation
 - Alcohol
 - Drugs
 - Eating disorder
 - Death
- Family and friends avoided
- Unreasonable resentments
- Drinking/using with chronic users
- Impaired thinking
- **Obsessive drinking/using continues in vicious cycles**
- Unable to initiate action
- Family, relationship, money and employment troubles
- Unbearable emotional, physical, psychological pain

Process of Recovery:

Month 1

- Detox/MAT
- Assess co-occurring mental illness
- Assess medical issues
 - Assess chronic stress

Months 1 - 3

- Calm the Body
- Create safe, trusting relationships: increase sense of belonging
- Increase body awareness
- Activate right brain
- “Sense of Self” Development
- Create Hope

Months 3 - 12

- Attachment Patterns
- Core Beliefs
- Spiritual Self/Mindfulness/Detachment
- Emotions: Moment of Choice
- Building a Tribe (relationships)

Year 2

- Superiority/inferiority
- Mask/Persona or Authenticity
- Blk & Wht Thinking or Rainbow Thinking
- Self Acceptance
- Shame

Steps to Prepare Clients Neurobiologically



Create a Safe
Relationship

Calm the Body



Activate the Right
Brain

Integrate the
Whole Brain and
Whole Body



Reframe &
Release, Validate &
Support

Techniques to Prepare Clients Neurobiologically

Limbic Resonance

Guided Relaxation
Movement/Stretching
Breathwork
Tapping
Acudetox



Create a Safe
Relationship

Calm the Body



Rhythmic Stimulation
Storytelling
Writing
Role-playing
Experiential Exercises



Activate the Right
Brain

Integrate the
Whole Brain and
Whole Body



Continuous Check-in
with Somatosensory
Experience

Child
Wild Woman
Wise Woman



Reframe &
Release, Validate &
Support

Areas to Focus on Using Therapeutic Interventions

Trust
Nonjudgement

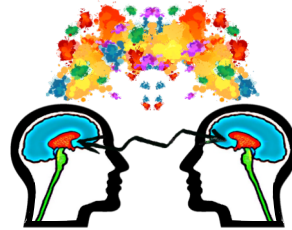
Body Awareness
Easy Ways to Ground

Development of an
Authentic Sense of Self

Trauma Memory
Release

Integrate All the Parts:
Child
Wild Woman
Wise Woman

Reframe Past Memories
Refine Sense of Self
Develop Meaning and
Purpose



Create a Safe
Relationship

Calm the Body

Activate the Right
Brain

Integrate the
Whole Brain and
Whole Body

Reframe &
Release, Validate &
Support



The Effects of Neurotransmitter Imbalance are Chronic and Cumulative:

	Trauma	Genetics & Environment	Opioid Use
In-utero	F/F/F constant state: Depression, anxiety, OCD, PTSD - severe	F/F/F sensitivity: Depression, anxiety, OCD, PTSD - probable	F/F/F reaction to danger Neurotransmitter balance
0-12 mos	Low concentration ability, low attention span	Ability to concentrate and focus	High ability to concentrate and focus
12-36 mos	Sense of Self under- developed	Sense of Self somewhat developed	Healthy Sense of Self
3-10 yrs	Low trauma release: low resiliency	Some trauma release: some resiliency	Healthy trauma release: High resiliency
10-19 yrs	Low confidence/self esteem	Low confidence/self esteem	Healthy confidence/self esteem
Adult			

Not all addiction is the same; treatment needs are based on amount & length of trauma-based neurotransmitter imbalance.

Recent Brain Science Enhances Psychotherapy

Old Paradigm

1. An expert authority
2. Clients are patients with psychological disorders
3. A component approach
4. Focus on symptom reduction
5. Remove negativity
6. Medical way to treat mental health

New Paradigm

1. A wounded healer
2. Clients are worthy human beings
3. A holistic approach
4. Focuses on both healing & flourishing
5. Embraces negativity
6. Nature's way to mental health



Operational Implementation of a Neurobiologically-based Program

INTEGRATED ADDICTION TREATMENT ADDRESSING THE COGNITIVE, SOMATIC,
BEHAVIORAL, AND NEUROBIOLOGICAL ROOT CAUSES OF ADDICTION



Current Substance Use Disorder/Addiction Treatment

Reduce Stigma

Addiction is a Disease

- Not a choice
- ~~Punishment~~
- Brain Pathways Disconnected
- Neurotransmitter Dysfunction
- Integrated Behavioral Health Approach Required

Detox

Remove the Coping Chemicals

- Medical Detox Protocol
- Inpatient
- Outpatient
- Focus on Acute Withdrawal Symptoms and Behaviors
- Integrated Behavioral Health Approach Required

MAT

Post Acute Withdrawal

Withdrawal Syndrome

- Relieve PAW Symptoms with Medication
- Vivitrol
- Suboxone
- Campral
- Anabuse
- Methadone
- Naloxone
- Reduces Relapse
- Allows for Treatment to be More Effective
- Go back to Work

Current Treatment

Residential, PHP, Intensive Outpatient

- CBT
- DBT
- REBT
- Trauma-informed therapies
- EMDR
- Psycho-ed
- Healthy activities: hiking, exercise, swimming, yoga
- Art therapy
- Music therapy
- Psychodrama

Medical Model for Substance Use Disorder/Addiction Treatment

