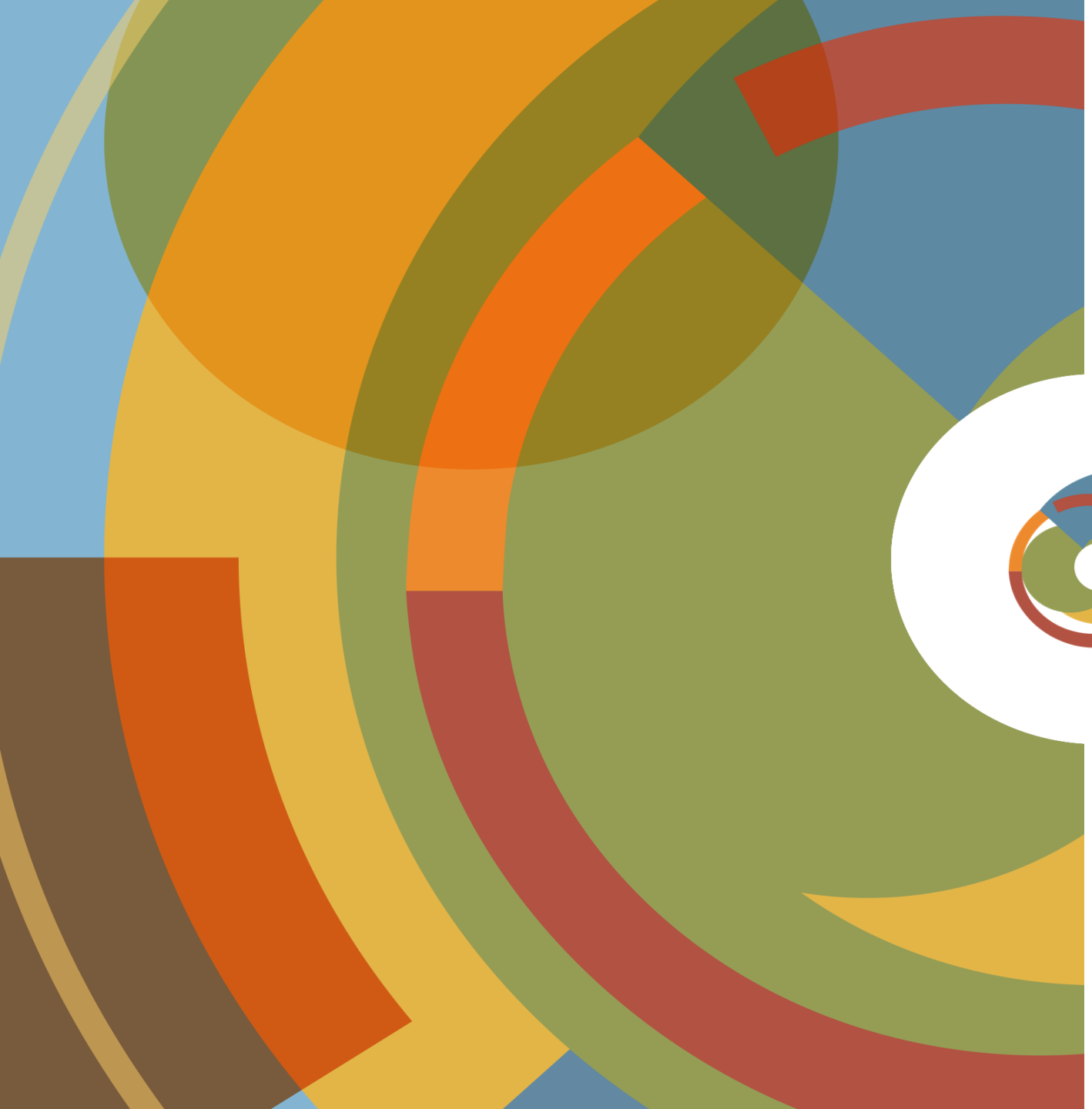


CCSI

Coordinated Care Services, Inc

Innovative Solutions in Human Service Delivery

Toxic Stress/Trauma, Opioids, and Other Medications

Older Adults: Bringing Compassion and Hope

June 2023 Oklahoma Nursing Home ECHO Project

1. Understand the impact of trauma and toxic stress throughout the lifespan and into elderhood

2. Describe, and consider bringing, trauma responsive principles into our daily work

3. Focus on the “way of being” and skill of motivational interviewing and trauma responsive care as tools that support a helpful relationship with the elders we serve.

Taking a Look at the Literature and Data

- The number of opioid deaths among the 55+ is growing rapidly (current CDC data)
- There is an increasing proportion of adults aged > 65 years old using opioids, with approximately 1 million living with an opioid use disorder (OUD). (as of 2021)
- The prevalence of pain in community-dwelling elderly is 25%–50% and for nursing home residents as high as 70% (Ferrell 2003).
- What does this mean for the work we do?

What makes opioid use in elders risky?

- Pain syndromes and co-morbidity of other chronic health challenges
- Changes in metabolism (slower), drug excretion, and stamina
- Presence of dementia (slowing of cognitive functioning)
- Polypharmacy
- Side effects can be more problematic: nausea, constipation, urinary retention
- Sedation that increases the risk for falls or other accidents
- Respiratory depression (chronic pulmonary disease)

Opiate Use Disorder (OUD) and Trauma

What is the best we know today?

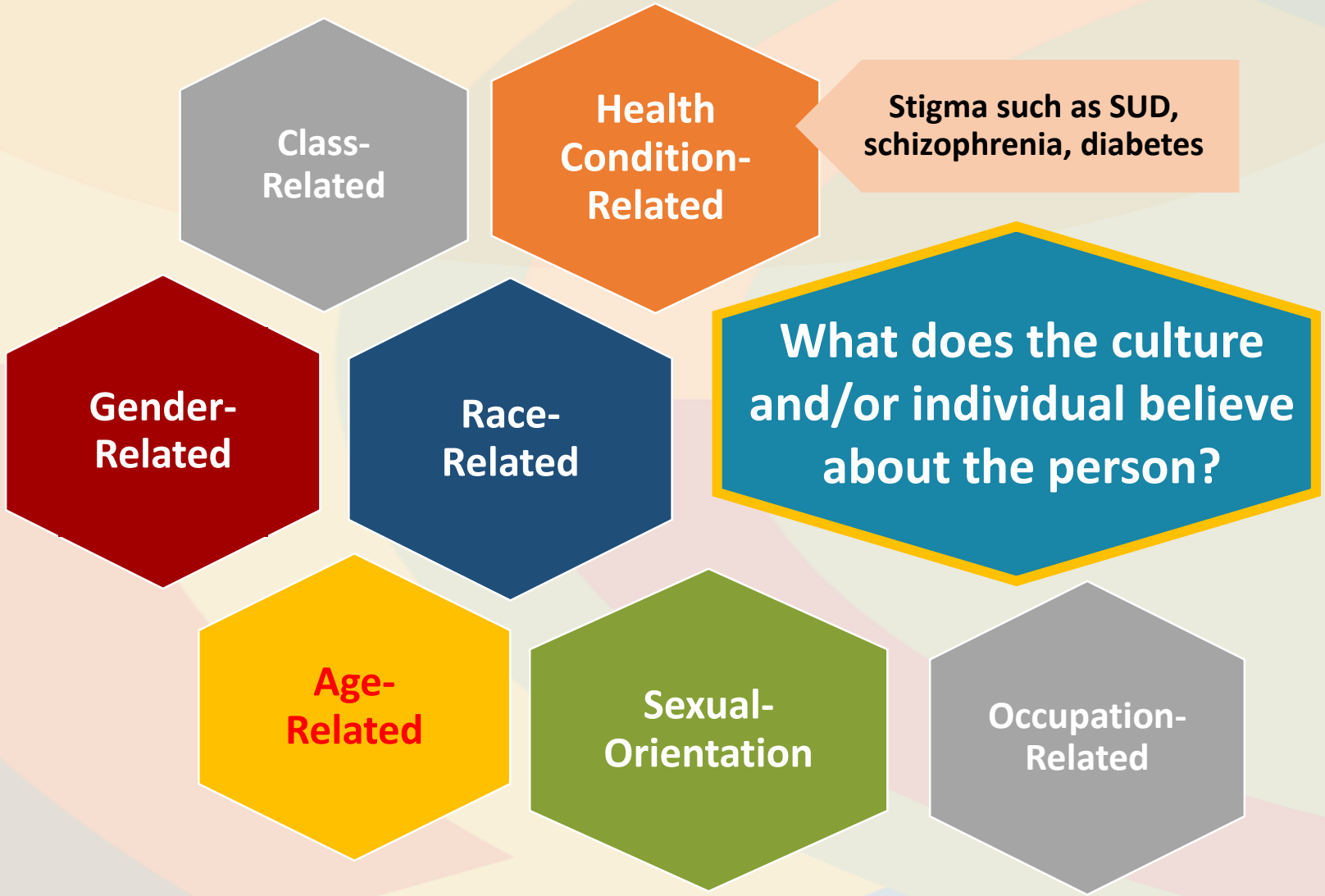
People with OUD have disproportionately higher trauma/toxic childhood experiences

It is possible that the Adverse Childhood Experiences affect the reinforcing properties of opiates, by changing the opioid system in our brain.

It is possible that childhood trauma may sensitize a person to the pleasurable effects of opioids (opioid reward sensitivity).

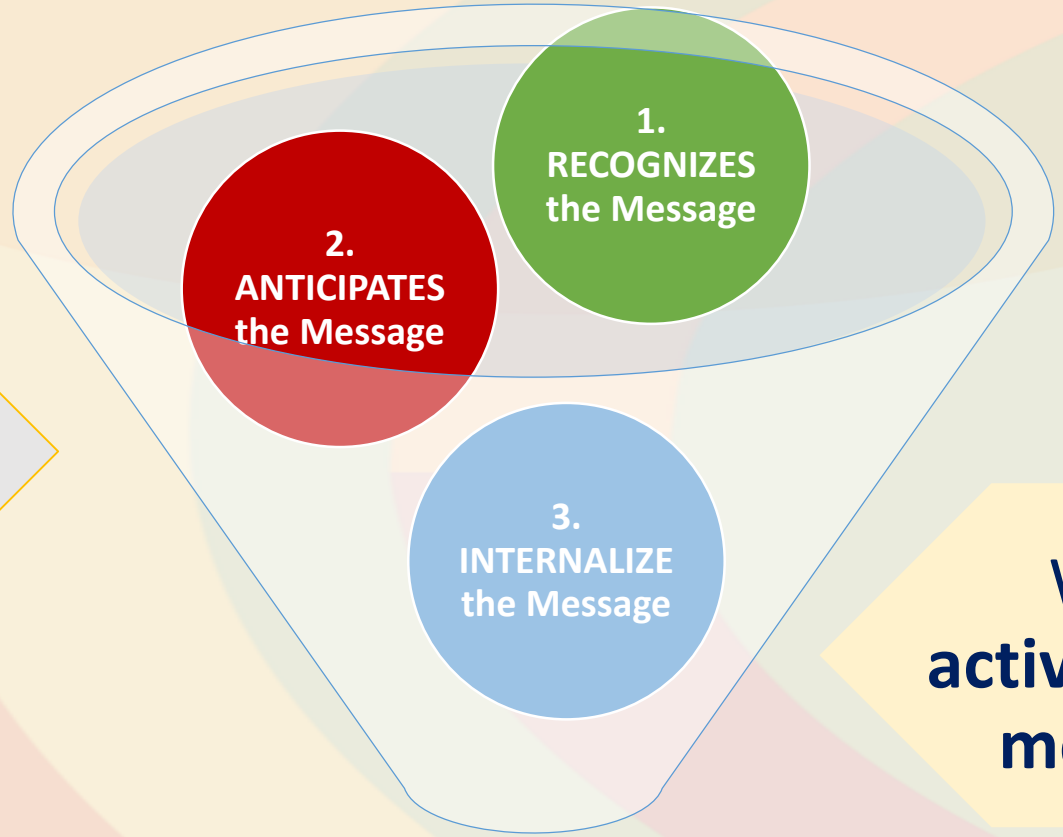
If true, it would be important to be aware of this when prescribing opioids. It will also be important to be aware of the stigma and implicit biases that we might bring.

What are the stigmas that people encounter every day?



What happens to an elder who is the focus of stigma?

The elder who experiences stigma, discrimination, and/or prejudice…



And finally…BELIEVES the Message (Secondary Stigma or Self-Stigmatizing)

We can bring **hope, activation**, and **counter the message of the stigma**

The impact of trauma and toxic stress throughout our lifetime

Multiple sources of trauma and toxic stress throughout our lifetime that can shape our health into our elder years. Trauma in the first five years of childhood, indeed at any point in our life, can still impact us as older adults.

The importance of our genetics, epigenetics, childhood experiences of trauma, and protective factors

Evidence (physical and biological) that toxic stress alters brain development. Social processes also play a key role in the impact of trauma on each of us..

Childhood trauma and chronic illness

Dose-response

Among elders who experienced 3 or more adverse childhood experiences (55% of them experienced parental death) there was an associated higher risk of developing dementia

The more types of trauma, higher frequency of trauma we experience as young children…

…More likely to have chronic illnesses such as diabetes, heart disease cancer, mental health disorders, auto-immune diseases, social and relational challenges (consider the connection with pain)

As an aside…

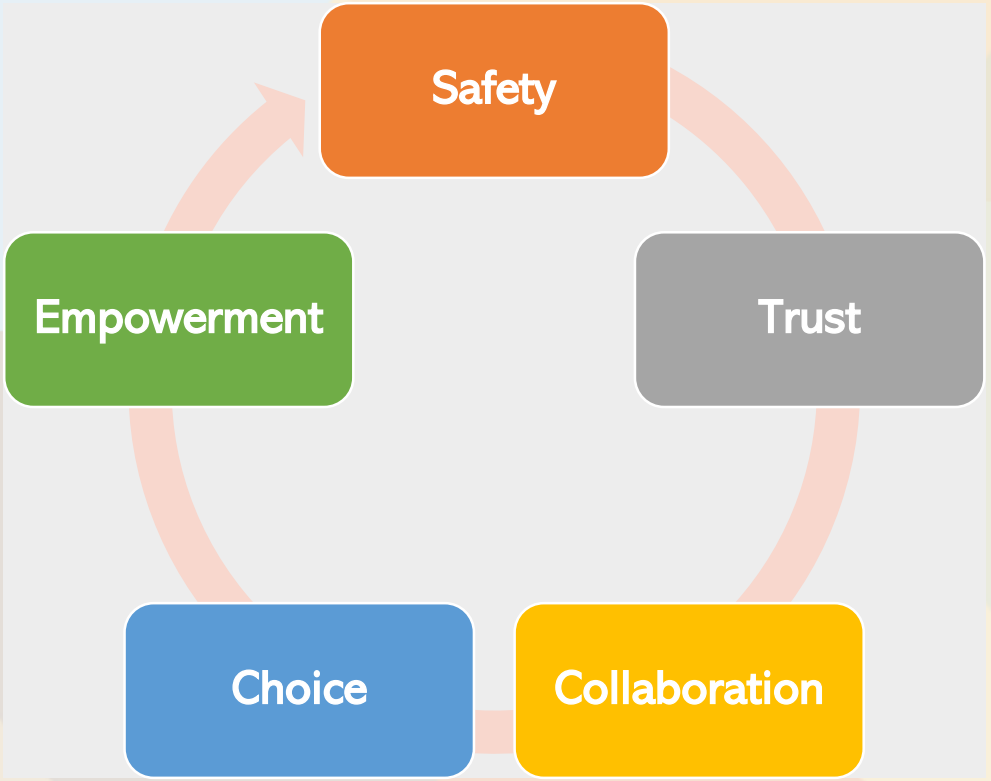
From my narrow world view, primary prevention of childhood trauma/toxic stress and creation of a supportive environment for our children and the parents of children from birth to 5 ears of age is a public health priority

- How do our views and implicit biases impact how we, and others, behave with the elders we support:

Domination/Power Hoarding	vs	Partnership/Inclusion
“Not enough” mindset	vs	Abundant Worldview
Defensiveness	vs	Curiosity
“Only one way”	vs	Both/And Thinking

What examples do you see in your personal work and the work environment?

What do Trauma-Responsive Principles really mean to our daily work?



Thinking about how you currently support and guide the elders you serve, what are you already doing that supports these **Trauma-Responsive Principles** (that mirror the "way of being in MI") in most of the work you do?

A "Way of Being"…

Partnership/ Collaboration

Acceptance: Unconditional positive regard

Empathy/ Compassion: "Being with their pain then caring to help"

Empowerment

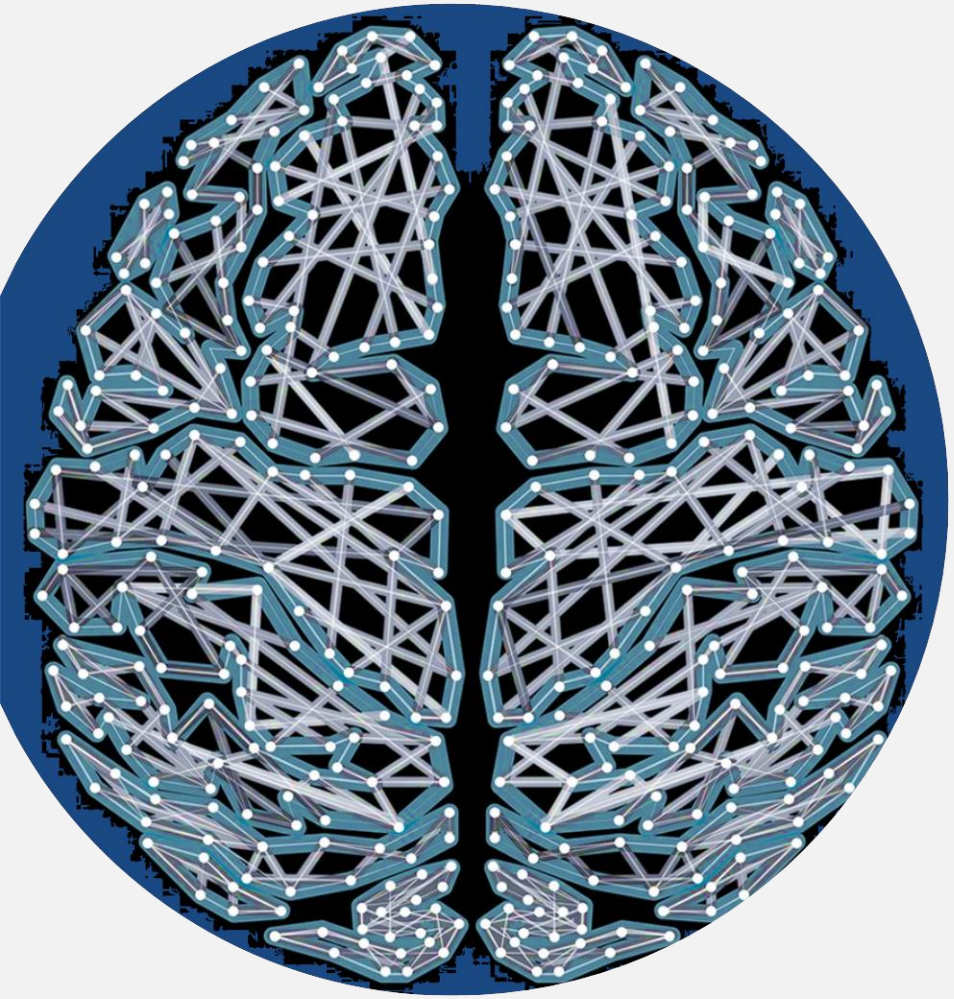
What is COMPASSION?

"Wishing to see others free of suffering"

"Promoting the other's welfare, prioritizing their needs"

-William Miller

In human service and health care we are working to benefit the elders we serve… creating SAFETY and TRUST.



What does the neuroscience tell us?

Using an MRI…

- **EMPATHY** lights up our pain center (experiencing the elder's pain)
- **COMPASSION** lights up our reward center (collaborating and believing our relationship with them can help to alleviate the elder's suffering)

Mechanisms of Action for COMPASSION…

EXCELLENCE & COMPASSION together…Delivers the BEST OUTCOMES

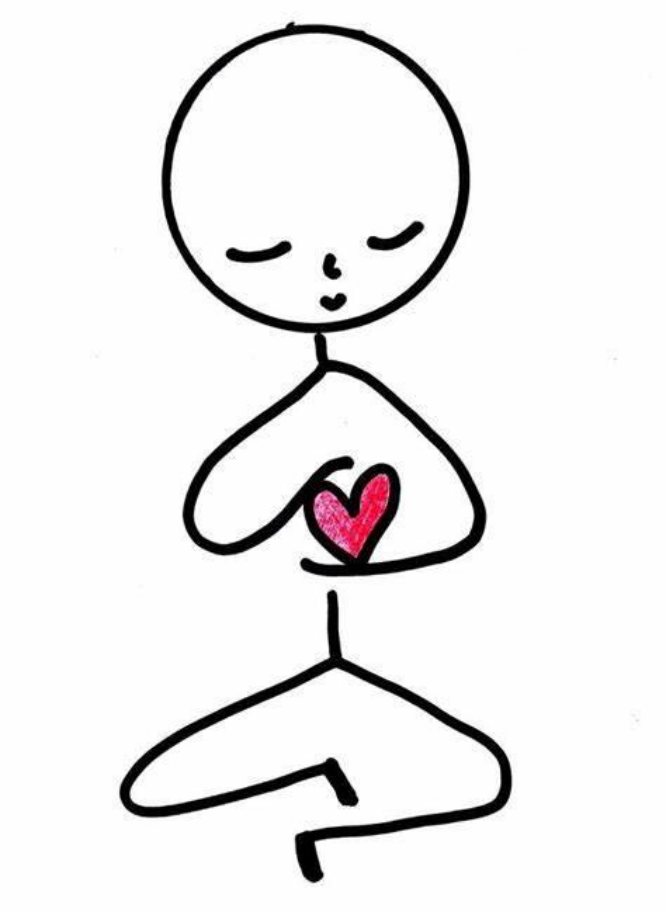
- Physiological Effects
- Psychological Effects
- Enhanced Self-Care/Activation of the elder being served
- Increased Quality of Care

It is a DOSE RESPONSE!

COMPASSION can alleviate anxiety, distress while improving quality of life.

Every statement of COMPASSION has a measurable, incremental effect (deep reflective listening, affirmation)

COMPASSION brings HOPE!



How elders (and how we) believe they will do can be a major factor in how they actually do!

Compassion is “making the unbearable bearable”!

Adhering to treatment recommendations

COMPASSION helps elders understand and manage their illness to the best of their abilities

COMPASSION builds TRUST

Understanding the elder you serve AND their purpose: why they still get out of bed each morning

"Those who have a 'why' to live, can bear with almost any 'how'."

--Victor Frankl

What is important to remember?

Being an elder and a person receiving services means being vulnerable

COMPASSION protects those who are vulnerable

Failing to be compassionate increases the risk of emotional harm and emotional harm is usually preventable.

First do NO harm. EVERY word matters.

What behaviors help demonstrate ACCEPTANCE?

Intentionality: Managing our own emotions-it is our responsibility

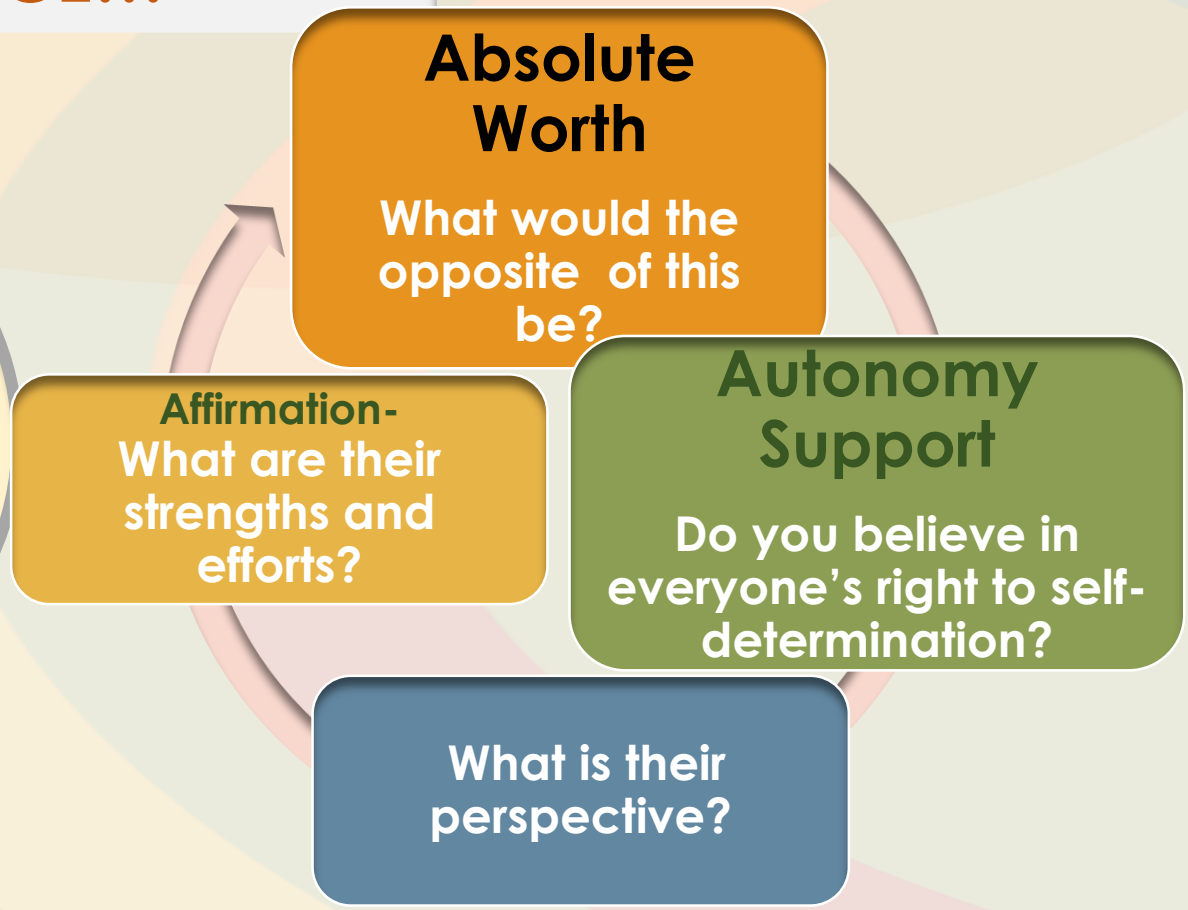
Compassion: Enhancing the elder's experience and our clinician experience

"Acceptance…is a commitment. It's not something we have, or we don't have, rather, it is something we *choose* to practice."

---Brene Brown

ACCEPTANCE…

"When an elder experiences **acceptance of themselves as they are**, change becomes possible."



TODAY'S PRESENTER...

Cheryl Martin, MA, R.N., Master CASAC

Cheryl is currently working as an Integrated Health Trainer and Clinical Consultant for Coordinated Care Services, Inc. where she has developed curriculum and provided training and/or coaching for health care providers, schools, human services and criminal justice on a variety of topics that include motivational interviewing (MI), SBIRT, trauma and trauma responsive services, person-centered planning, parenting, co-occurring disorders, and substance use disorders. Cheryl is a NYS OASAS Motivational Interviewing (MI), Clinical Supervision Foundations II and SBIRT trainer. She has been a member of Motivational Interviewing Network Trainers (MINT) since 2004. Cheryl Martin has a BSN in Nursing, MA in Psychology and over 46 years of experience as an RN. Her nursing experience includes 13 years in surgery and medicine as well as 33 years in behavioral health. She earned a Trauma Certificate from the University of Buffalo, School of Social Work and is also a Certified Alcoholism and Substance Abuse Counselor.


Thank you!