TRAUMA-INFORMED, EQUITY-FOCUSED & CULTURALLY RESPONSIVE TOBACCO TREATMENT

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Tara Leiker, Ph.D.
Program Manager
Sophia Artis
Program Coordinator

Some Material Adapted from National Behavior Network, 2019

Program Manager – Tara Leiker, PhD
Program Coordinator – Sophia Artis

The Tobacco Treatment Training Program helps behavioral health providers in **A**lameda **C**ounty improve their tobacco use interventions **through a trauma-informed and equity-focused lens.**

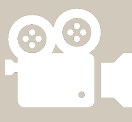
Contracted with Alameda County Behavioral Health Care Services (ACBH) to support **ACBH-**funded substance use disorder and mental health treatment providers

Provide free training and technical assistance to healthcare staff and leadership

HOUSEKEEPING

Upon joining, all participants will be automatically muted. Participants are encouraged to turn their cameras on.

Please change your Zoom name to your first and last name and your organization/agency (e.g., "Jane Doe, LifeLong Medical Care").



This webinar is being recorded. The link to the recording will be shared after the training, along with a PDF of the slides.

Please use the Zoom Chat to ask questions. We will address questions during the Q&A period at the end of the training.

CONTINUING EDUCATION REMINDERS

This brown bag is eligible for one and a half (1.5) hours of continuing education credit for LMFT's, LCSW's, LPCC's, LEP's, and SUD Counseling Staff as required by the California Board of Behavioral Sciences and by the California Consortium of Addiction Programs and Professionals (CCAPP).

To receive CE credit, attendees must be present for the entirety of the training and complete the post-test, which will be provided after the Q&A section.

Attendees who do not qualify for CE credit are eligible to receive a course completion certificate, also conditional on completion of the post-test.

A NOTE ON LANGUAGE & TERMINOLOGY

Mental wellbeing: Thriving regardless of a mental health or substance use challenge, which may also be referred to as a mental illness, substance use disorder, addiction or dependence.

Commercial tobacco use/tobacco use: The use of commercial tobacco and nicotine products (including electronic nicotine devices, otherwise known as ENDs).

**All references to smoking and tobacco use is referring to commercial tobacco and not the sacred and traditional use of tobacco by some American Indian and Alaskan Native communities.

WHO'S IN THE ZOOM ROOM?

- Please put your name and your first thought when you think of tobacco and trauma in the Chat.

OVERVIEW: WHAT DOES IT MEAN TO USE TRAUMA-INFORMED, EQUITY-FOCUSED, & CULTURALLY RESPONSIVE APPROACHES IN COMMERCIAL TOBACCO TREATMENT?

Being trauma-informed

Being equity-focused

Being culturally responsive

Present and active focused listening

- ***Realizing*** the widespread impact of trauma and understands potential paths for recovery;
- ***Recognizing*** the signs and symptoms of trauma in clients, families, staff, and others involved;
- ***Responding*** by fully integrating knowledge about trauma into policies, procedures, and practices; and
- ***Seeking*** to actively resist *re-traumatization*.

6 KEY PRINCIPLES OF A TRAUMA-INFORMED APPROACH

- **Safety**
- **Trustworthiness and Transparency**
- **Peer support**
- **Collaboration and mutuality**
- **Empowerment, voice and choice**
- **Cultural, Historical, and Gender Issues**

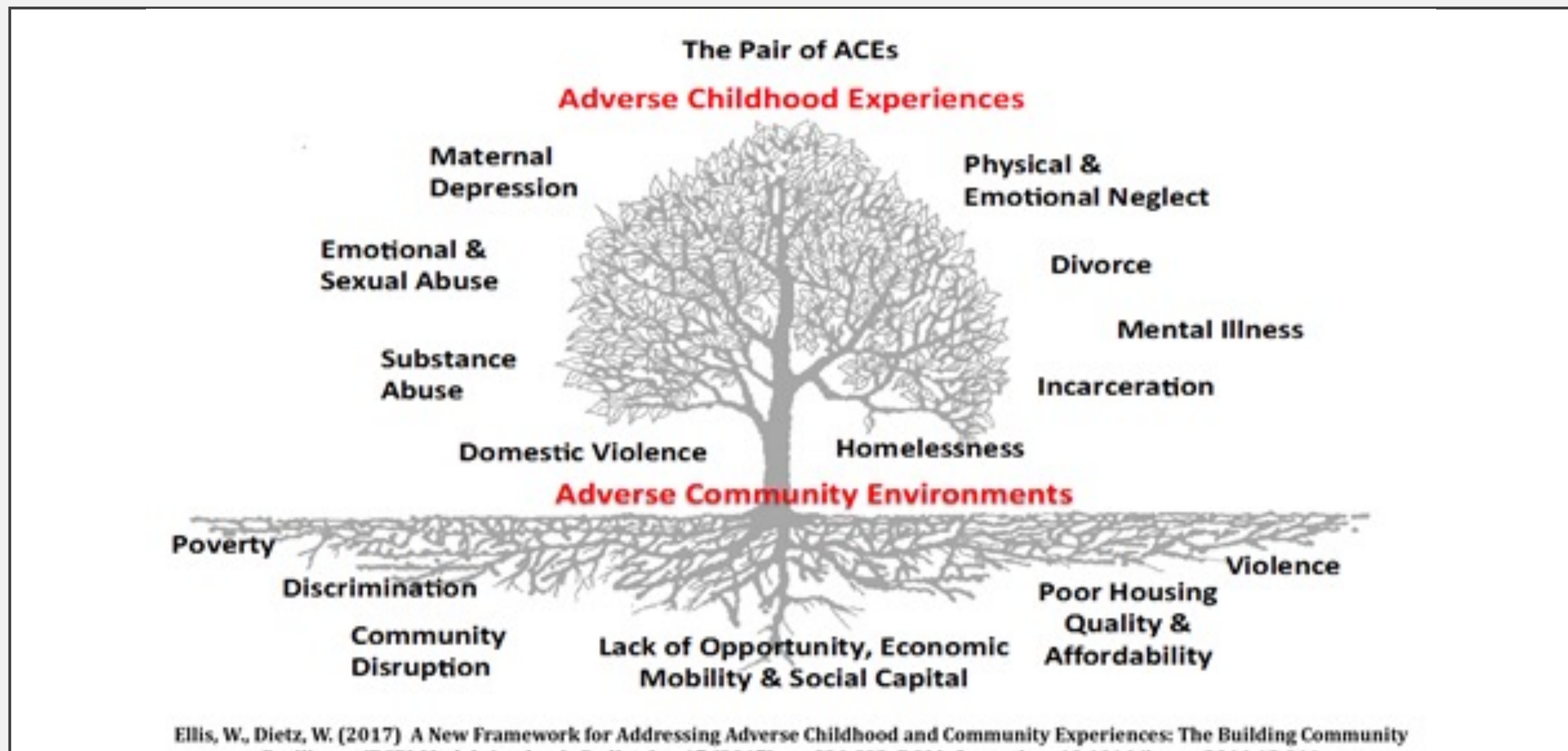
- Critical to promote linkage to recovery and resilience for those impacted by trauma.
- Trauma-informed services and supports build upon the best available evidence, client and family engagement, empowerment, and collaboration.

TRAUMA-INFORMED APPROACH: TRAUMA-SPECIFIC INTERVENTIONS

Survivor's need to be respected, informed, connected, and hopeful regarding their own recovery

Connect the interrelation between trauma and symptoms of trauma such as substance abuse, eating disorders, depression, and anxiety

Need to work in a collaborative way with all involved, in a manner that will empower the client



**Body can become stuck in a flight or fight response.

BEING EQUITY-FOCUSED

- All people have an equal chance and opportunity to have access to be as healthy as possible.
- As providers we can focus internally on how we may come across externally through any White privilege and/or implicit bias.

BIG TOBACCO: MARKETING OF MENTHOL

Of all the cigarettes sold in the United States in 2018—

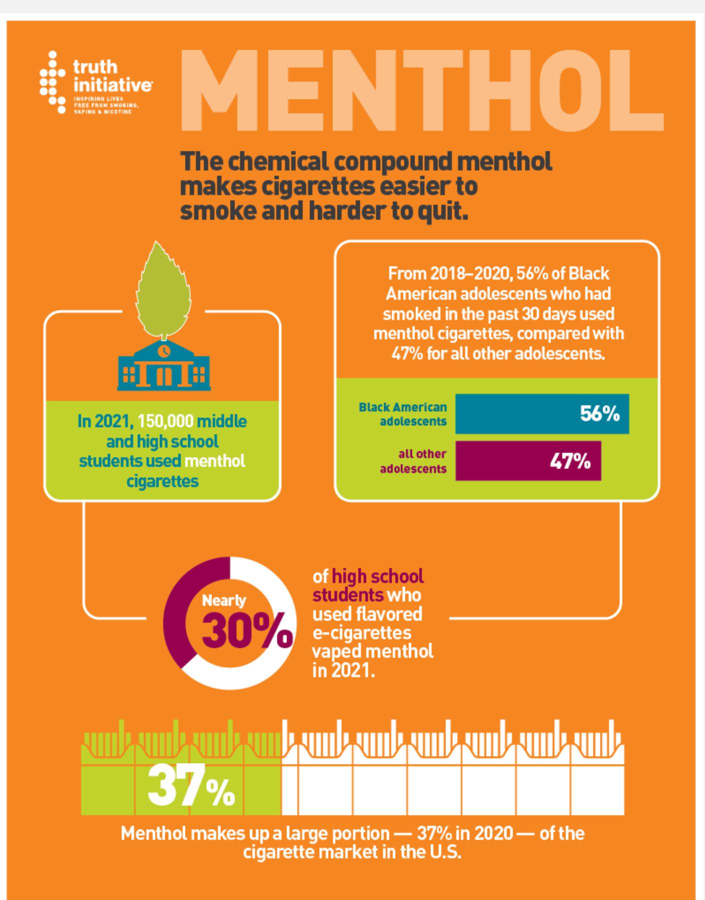
99.7% were filtered	36.0% were mentholated brands

Use of mentholated brands varies widely by race/ethnicity. The percentage of current smokers aged

12 years or older who reported using mentholated brands in 2012-2014 was:

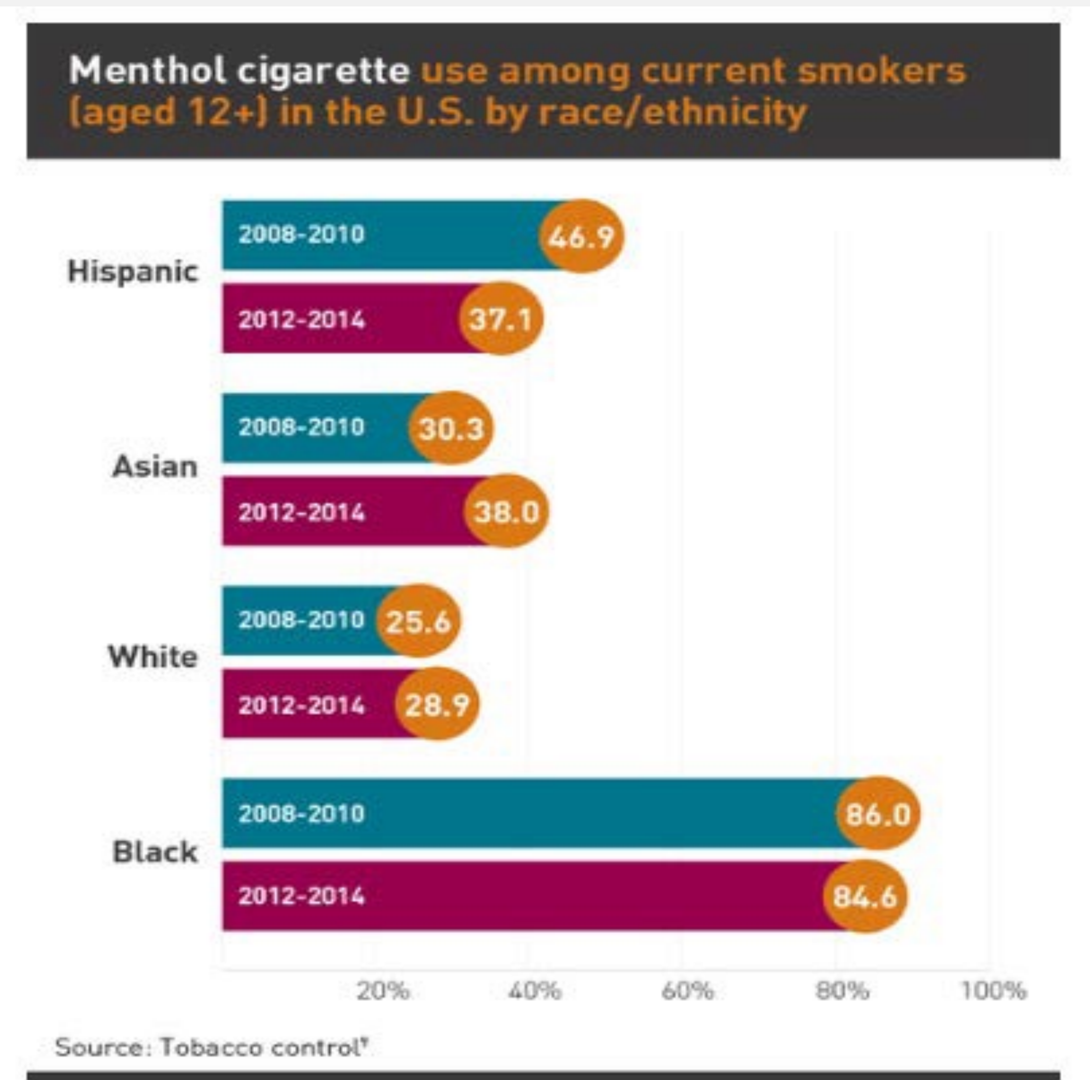
84.6% Non-Hispanic black	46.9% Hispanic	38.0% Non-Hispanic Asian	28.9% Non-Hispanic White

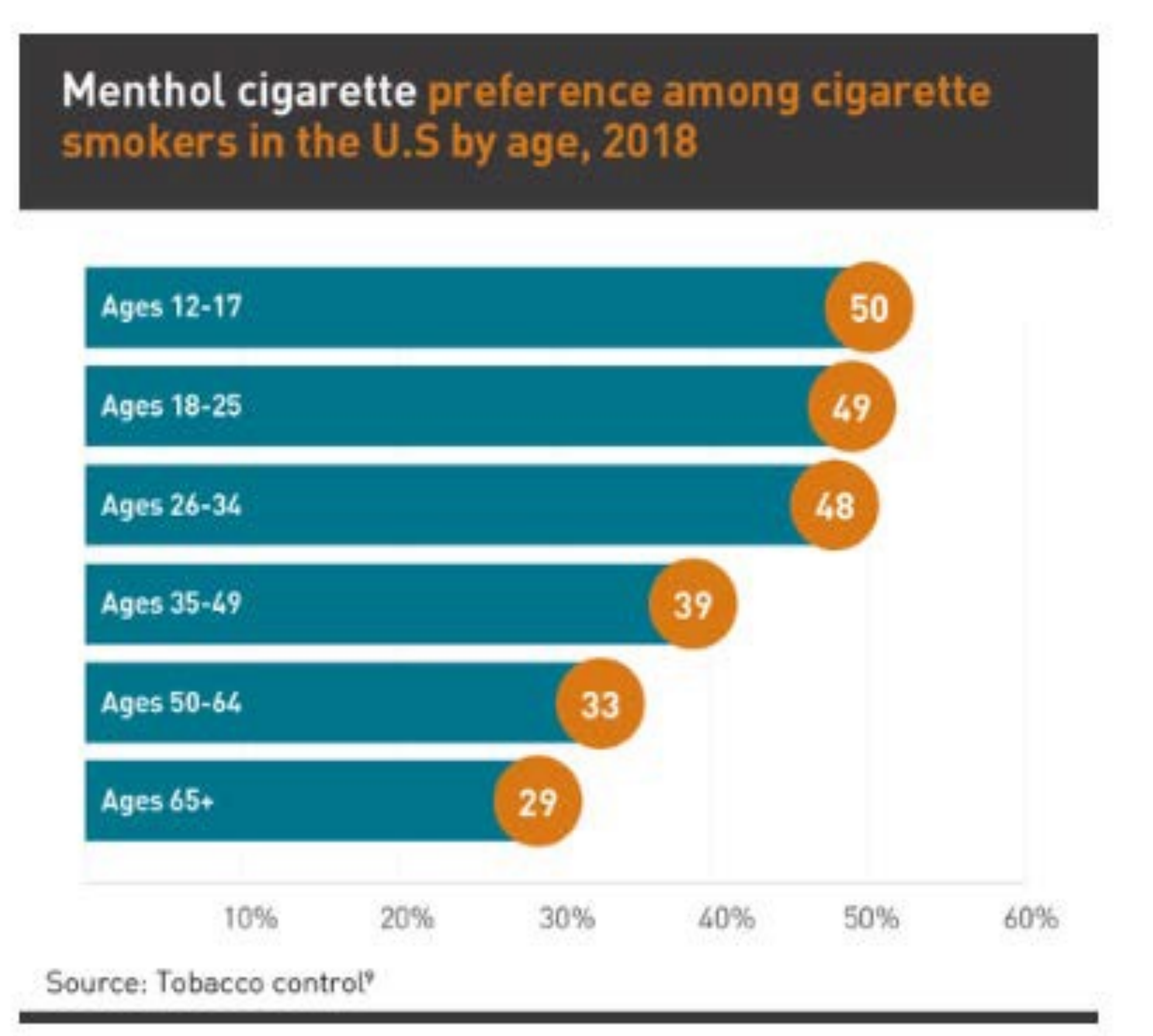
WHY MENTHOL?



- Menthol reduces the harshness of cigarette smoke, which may appeal to young, inexperienced smokers.
- Preference for menthol among cigarette smokers remains inversely correlated with age: 49.7% of 12-17-year-old cigarette smokers used menthol compared to 29.2% of those 65 years old or older in 2018.
- Longitudinal studies show that initiation with menthol cigarettes facilitates progression to established cigarette use among young smokers.

MENTHOLATED TOBACCO PRODUCTS USE IN SPECIAL POPULATIONS





FLAVOR PROHIBITIONS/RESTRICTIONS

- Flavored e-cigarettes have driven the youth vaping epidemic.
- In 2020, 83% of youth e-cigarette users reported using a flavored product with fruit, mint, and menthol cited as the top three flavors used.
- Flavored cigars have become popular with kids, while more than half of youth smokers – including 7 out of 10 African-American youth smokers – smoke menthol cigarettes.

BIG TOBACCO EXECUTIVE STATEMENTS: MENTHOL

- "Reynolds Tobacco has made a special effort to reach Black smokers since the early 1960's. . . . The reason is simple. Consumer research has long shown that [this group does] not share all of the same desires and perceptions as the general market. . . . Where menthol smokers make up only 29 percent of the general market, almost 70 percent of Black smokers choose a menthol brand. That's why special advertising and promotions for Salem cigarettes make a lot of sense in Black media and Black communities." (Senior RJR Official, cited in Balbach et al., 2003)
- "Menthol in Cigarettes: It helps the poison go down easier." (Gardiner & Clark, 2009, 2010)
- Menthol may augment addiction and reduce likelihood of quitting
- Menthol allows smokers to inhale more deeply, resulting in higher CO and cotinine levels as well as higher nicotine dependence.

Menthol and Mental Health

National Behavioral Health Network for Tobacco & Cancer Control
from NATIONAL COUNCIL FOR MENTAL WELLBEING

Menthol cigarettes combine tobacco with menthol, a compound derived from mint plants, giving them a cool and soothing flavor with anesthetic properties that mask the irritation of tobacco smoke, reduce the harshness and make them more appealing to the consumer.[i,ii] Smoking menthol cigarettes, however, also causes deeper inhalation and prolonged holding of smoke in the lungs via one's breath due to bronchodilatation, resulting in menthol cigarette smokers having higher rates of nicotine and cotinine in their blood levels, despite smoking fewer daily cigarettes.[iii,iv,v]

The use of menthol cigarettes is of significant concern due to its impact on overall health, as well as significantly contributing to poor mental health outcomes. Menthol cigarettes have historically been marketed toward specific communities, such as Black/African Americans, resulting in a higher prevalence of menthol cigarette use. Understanding menthol cigarettes' impact on mental wellbeing is crucial to addressing the potential health effects for individuals and communities through clinical and public health interventions.

MENTHOL CIGARETTE USE

- Menthol cigarette use is more common among certain racial/ethnic groups. Black/African Americans have the highest prevalence of menthol cigarette use at 80%, followed by Hispanic/Latinx communities at 50% use.[vi]
- Younger adults (ages 18–24) report higher rates of menthol cigarette use compared to older age groups. Among young people who currently smoked cigarettes, 53% reported using menthol cigarettes.[vi]
- LGBTQ+ smokers report higher rates of smoking menthol cigarettes at 36% compared to 29% of heterosexual smokers.[vii]

Menthol and Mental Health 1

THE BENEFITS OF ADOPTING A CRITICAL CULTURALLY RESPONSIVE & RACIALIZED TRAUMA LENS: ACKNOWLEDGING & REFLECTING UPON WHITE PRIVILEGE

- It enables transformation and healing personally and within the institutional structure.
- It equitably shifts decision-making processes.
- It helps institutions not only identify and actively support solutions about work concerning racial equity but also helps to decrease current institutional injustices.
- It increases effectiveness in analyzing what is and is not working around equity and equality.
- It highlights the lived experiences and voices of people of color who have been historically marginalized.

RACIALIZED LENS & SURVIVAL MODE RESPONSE

ADAPTING TO THE ONGOING STRESSORS OF RACIAL TRAUMA REQUIRES AN ENDLESS AWARENESS OF ONE'S BODY AND THE RESPONSE OF THEIR BODY BY OTHERS WHO HAVE HISTORICALLY HELD POWER AND PRIVILEGE.

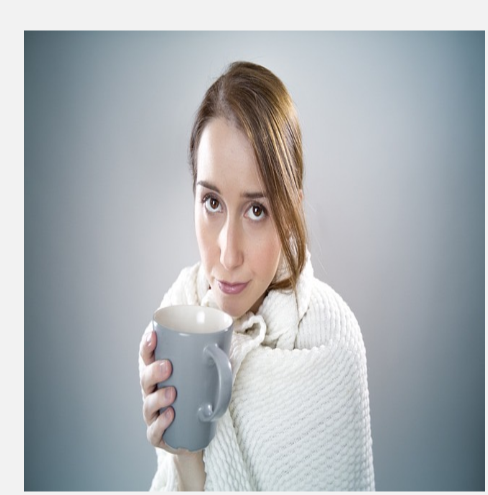
THE NATURAL REFLEXIVE REACTIONS THEIR COUNTERPARTS CAN DEMONSTRATE REGARDING ADVERSE EXPERIENCES ARE SUPPRESSED.

HOW MIGHT IMPLICIT BIAS AFFECT HEALTH CARE?

Verbal and non-verbal communication
Perception, Memory,
Judgment Perception, Memory,
Judgment Treatment decisions, patient adherence and follow-up
Primary and secondary health outcomes

- Provider
  - Background
  - Experiences
  - Attitudes and beliefs
  - Judgment
  - Decisions
  - Behavior

Perception
Memory
Judgment



- Patient
  - Background
  - Experiences
  - Attitudes and beliefs
  - Decisions
  - Behavior

Capris S. & Murphy D. (2019) Building a Culturally Engaged and Responsive Opioid Response Network, Opioid Response Network

BIAS MITIGATION: WHAT WORKS?

- Removing bias from process, not people.
- Bias can be caught when we are together- this is where we can make change!

BEING CULTURALLY RESPONSIVE

Cultural Sensitivity

CULTURAL RESPONSIVENESS & SENSITIVITY IN TREATMENT

Be Attentive to the Individual

- Cultural sensitivity allows a provider to gain and maintain cultural competence, which is the ability to first recognize and understand one's own culture and how it influences one's relationship with a client, then understand and respond to a culture that is different from one's own.
- The need for this understanding may be based on characteristics such as age, beliefs, ethnicity, race, gender, religion, sexual orientation, or socioeconomic status.

PRESENT AND ACTIVE FOCUSED LISTENING

- Practice Activity: Breakout

WHY ARE THESE APPROACHES RELEVANT & IMPORTANT IN TOBACCO ASSESSMENT & TREATMENT?

Relevance to tobacco assessment

Importance in tobacco assessment

Relevance to tobacco treatment

Importance in tobacco treatment

RELEVANCE TO & IMPORTANCE IN TOBACCO ASSESSMENT

- Being able to provide an equal playing field
- Shifting the power dynamic
- Empowering the client
- Ability to provide more accurate and relevant treatment through proper assessment

TOBACCO SCREENING TOOLS

DHCS Client Health Questionnaire And Initial Screening Questions

- Considered AB 541-compliant
- Does not include screening questions for TUD

The Tobacco Treatment Training Program's Tobacco Use Assessment Form

- Specifically targets tobacco use and dependence
- Available in Word format; customizable to your agency's needs
- Reflects Alameda County Behavioral Health Tobacco Policy
- Inclusion of ACES questions

RELATED MEDICAL HISTORY (Continued)

Are there any health issues you have that you think may be related to your tobacco use? *Exploring related medical problems can help the patient define their motivations to engage in recovery.*

____

ADVERSE CHILDHOOD EXPERIENCES (ACEs)

There is a dose-response relationship between Adverse Childhood Experiences (ACEs) and tobacco use. The more ACEs a client has experienced, the more likely they are to use commercial tobacco, and the more persistent their tobacco use is likely to be. **Before your 18th birthday (check all that apply):**

- Did you feel that you did not have enough to eat, had to wear dirty clothes, or had no one to take care of you?
- Did you lose a parent or caregiver due to death, abandonment, divorce, or another reason?
- Did you live with anyone who experienced mental health problems, attempted, or completed suicide?
- Did you live with anyone who experienced addiction to alcohol and/or other addictive drugs?
- Did you feel that the adults in your home loved you and cared for you?
- Did the adults in your home ever hit, punch, beat, or threaten to harm each other?
- Did an adult in your home ever swear at you or verbally put you down?
- Did an adult in your home ever hit, beat, or physically hurt you in any way?
- Have you ever experienced unwanted sexual contact?
- Have you ever lived with anyone who was incarcerated?

RELEVANCE TO & IMPORTANCE IN TOBACCO TREATMENT

- More effective and accurate treatment can be provided
- Client is more likely to engage long-term when they feel empowered and respected

VARIOUS LIFE STRESSORS & FACTORS CAN IMPACT US & OUR CHOICES

Past experiences, background, upbringing

Environmental influences- big tobacco/media

Socioeconomic status

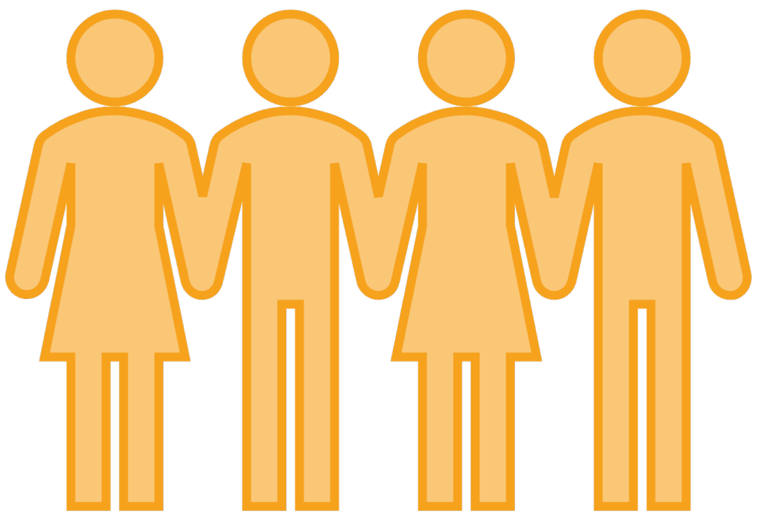
Culture

Worldviews

Impacts and influences of commercial tobacco use

PAST EXPERIENCES, BACKGROUND, UPBRINGING

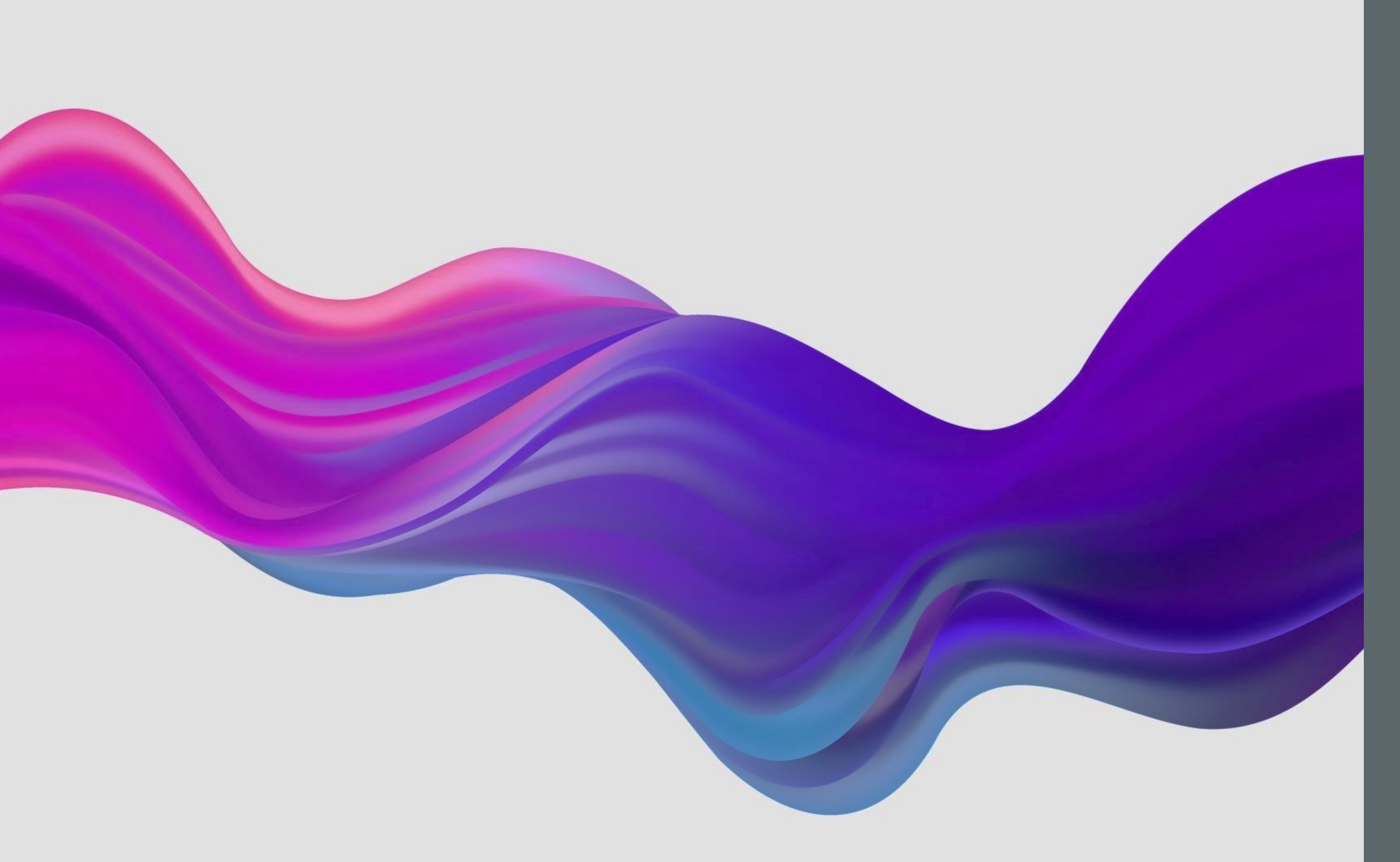
ENVIRONMENTAL INFLUENCES – BIG TOBACCO/MEDIA



SOCIOECONOMIC STATUS

CULTURE

WORLDVIEWS



IMPACTS & INFLUENCES OF COMMERCIAL TOBACCO USE

USING HEALTH & CULTURAL LITERACY TO REACH & CONNECT WITH ALL CLIENTS

CULTURAL SENSITIVITY, HEALTH LITERACY, & HEALTH EQUITY

Emphasize people's ability to use health information rather than just understand it

Focus on the ability to make "well-informed" decisions rather than "appropriate" ones

Acknowledge that organizations have a responsibility to address health literacy

Incorporate a public health perspective

Health equity is the attainment of the highest level of health for all people. We will achieve health equity when everyone has the opportunity to be as healthy as possible.

(CDC, 2022)

CULTURAL SENSITIVITY & HEALTH LITERACY

Personal health literacy is the degree to which individuals have the ability to find, understand, and use information and services to inform health-related decisions and actions for themselves and others.

Organizational health literacy is the degree to which organizations equitably enable individuals to find, understand, and use information and services to inform health-related decisions and actions for themselves and others.

(CDC, 2022)

CHOOSING LANGUAGE TO MATCH COMMUNICATING IN A TRAUMA-INFORMED, EQUITY-FOCUSED, & CULTURALLY RESPONSIVE MANNER

Using recovery language

Specific ways to address health and cultural literacy and change language in materials used

LANGUAGE MATTERS

WHAT TERMS DO YOU HEAR CURRENTLY AROUND TOBACCO USE AND TREATMENT THAT COULD BE MORE ALIGNED WITH PERSON-FIRST AND RECOVERY LANGUAGE?

Terms We Hear	Recovery Language
"Smoking Cessation" or "Sensation"	Tobacco treatment/ tobacco recovery Nicotine dependence treatment Medication Management
Quit Date	Recovery start date- start tobacco recovery journey
Smoking	Commercial tobacco use
Smoker	Person with tobacco use disorder Person with tobacco use challenges Person living in tobacco recovery
Mental Illness	Mental health challenges Mental wellness challenges
Substance Use Disorder/Tobacco Use Disorder	Substance dependence challenges Tobacco use challenges/commercial tobacco use challenges
Addict	

HEALTH LITERACY: APPROPRIATE AND INCLUSIVE COMMUNICATION & MATERIALS

Health Equity Guiding Principles for Inclusive Communication

Adapt health communications to cultural, linguistic, environmental, and historical situation of intended audience

Key Principles

- Use **person-first language** instead of dehumanizing language.
  - Describe **people** as having a condition or circumstance, not being one. A case is an instance of disease, not a person.
  - Use patient to refer to someone receiving healthcare. **Humanize those** you **are referring to by using *people* or *persons*.**
- Remember there are many types of subpopulations.
  - Limit use of the term minority and define it when used. Be specific about the group you are referring to.
- Use non-violent sounding words when referring to people, groups, communities and public health activities.

(CDC, 2022)

HEALTH LITERACY: APPROPRIATE AND INCLUSIVE COMMUNICATION & MATERIALS (CONTINUED)

- Consider context and audience to determine if language used could lead to negative assumptions, stereotyping, stigmatization, or blame.
- Do not assume people are refusing or choosing not to participate in a behavior or access a service – access, acceptability, or other structural issues may play a role.
- Avoid unintentional blaming.

Materials should be...

- sensitive to and translated into client's language as needed
- at an appropriate reading level, for even the most basic reader

Even people who read and are comfortable using numbers face health literacy issues, when they:

- aren't familiar with medical terms or how their bodies work.
- need to interpret statistics and evaluate risks and benefits affecting health and safety.
- are diagnosed with a serious illness and are scared and confused.
- have health conditions that require complicated self-care.
- are voting on an impactful community health issue, while relying on unfamiliar technical information.

(CDC, 2022)

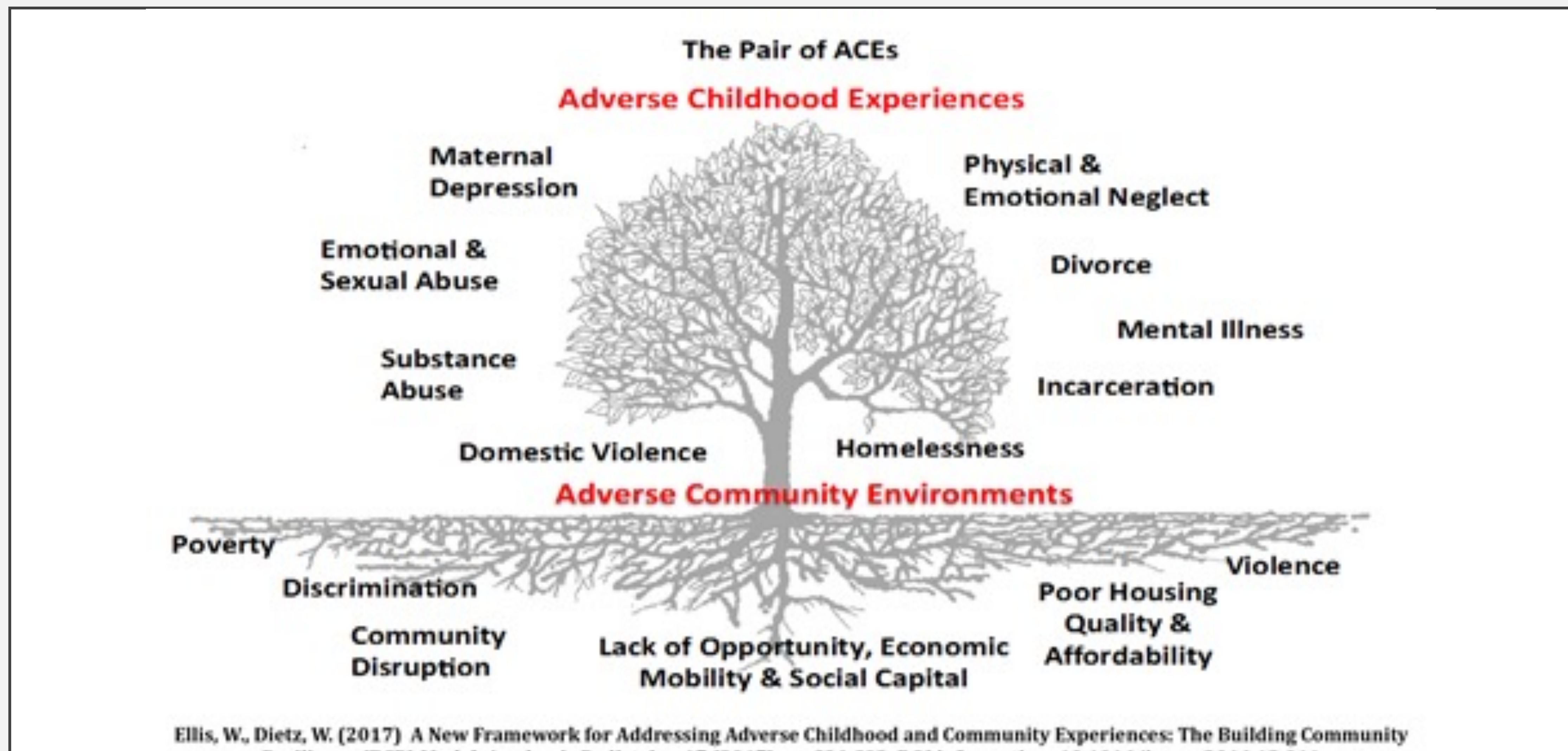
ASSESSING & TREATING CLIENTS WITH A TUD IN A MORE SENSITIVE MANNER THRU USING TRAUMA-INFORMED, EQUITY-FOCUSED, & CULTURALLY RESPONSIVE STRATEGIES

ACES and tobacco use

Assessment of TUD clients with inclusion of ACES

Other assessment strategies- open-ended questions, choice of language

Trauma-informed, equity-focused, and culturally responsive strategies to treat clients with a TUD



**Body can become stuck in a flight or fight response.

Community resilience looks like...

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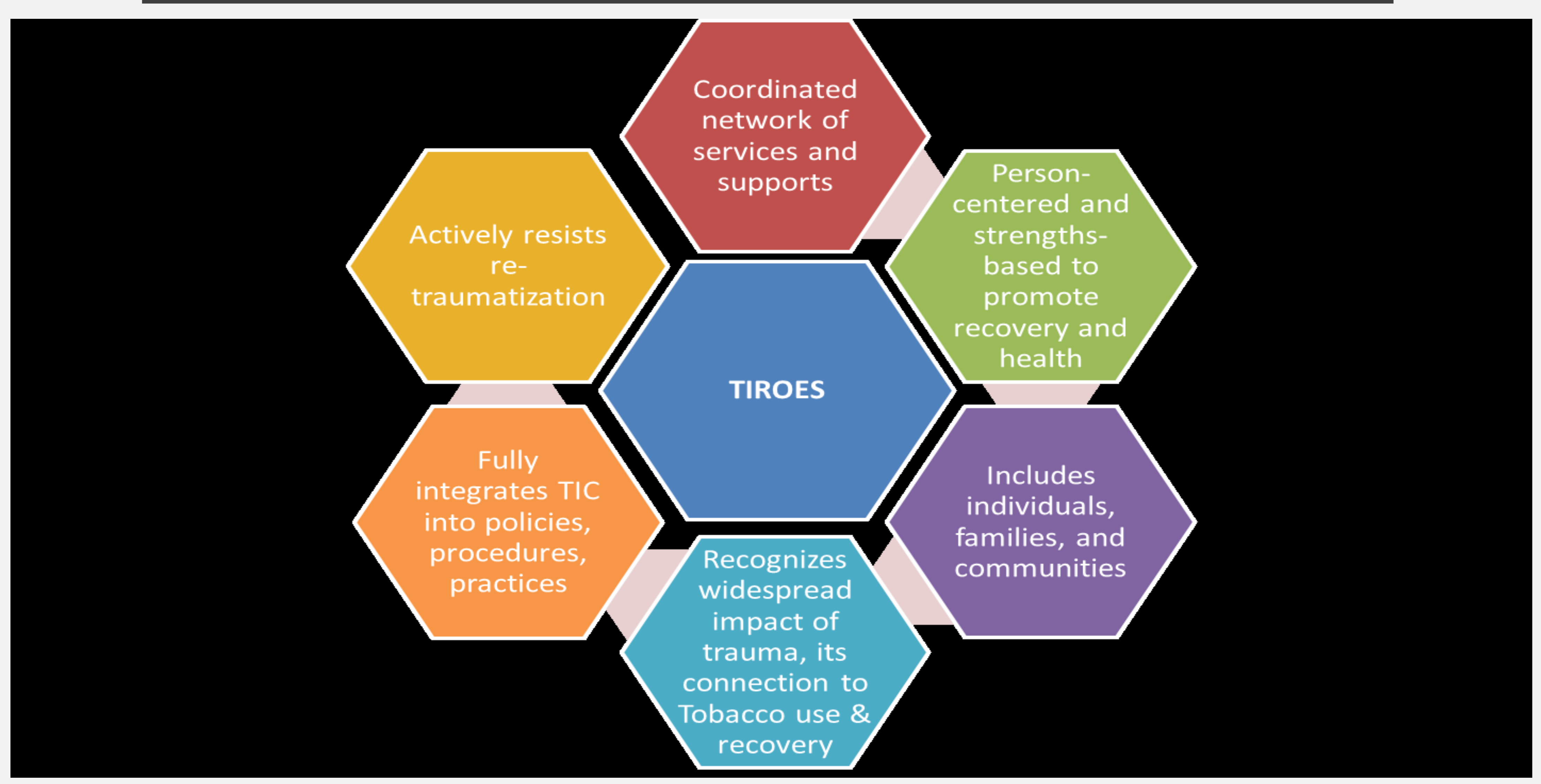
A TRAUMA-INFORMED, RESILIENCE-ORIENTED, EQUITY FOCUSED SYSTEM OF CARE (TIROES)



TIROESTOBACCO USE CONTINUUM OF CARE

Enhancing Health

- Promoting optimum physical and mental health and well-being through health communications and access to health care services, income and economic security and workplace certainty

Primary Prevention

- Addressing individual and environmental risk factors for tobacco use through evidence-based programs, policies and strategies

Early Intervention

- Screening and detecting tobacco use problems at an early stage and providing brief intervention, as needed, and other harm reduction activities

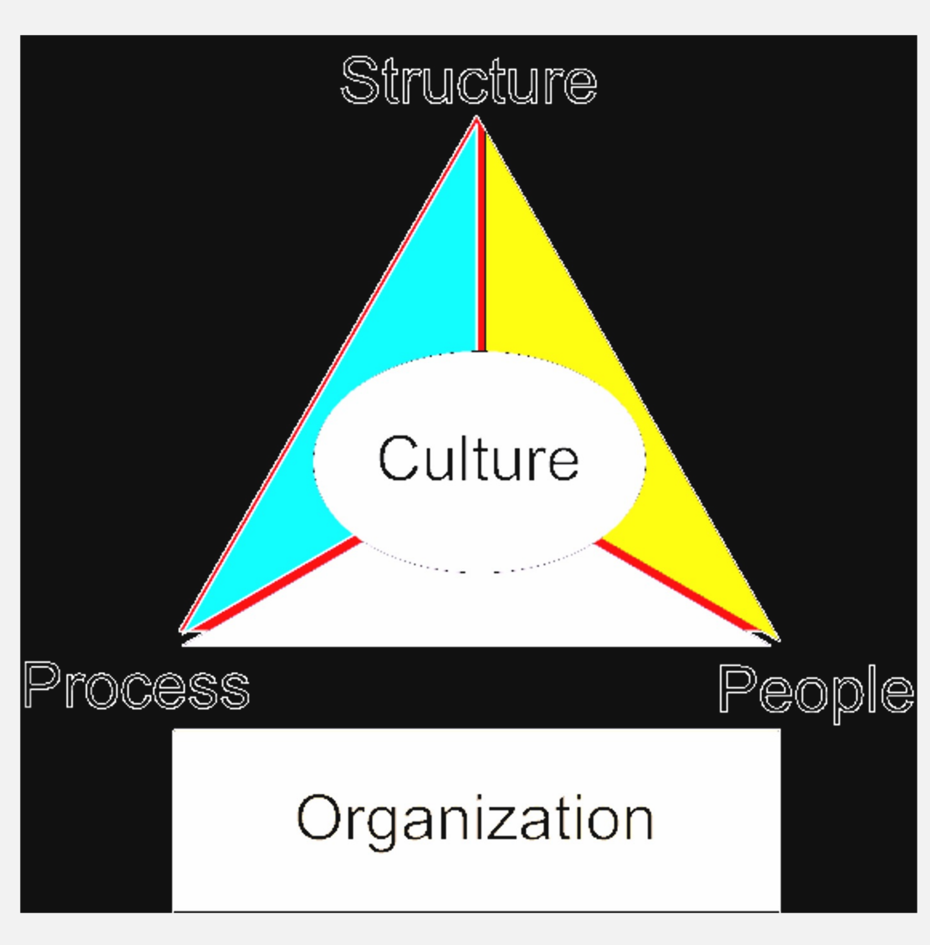
Treatment

- Intervening through medication, counseling and other supportive services to eliminate symptoms and achieve and maintain sobriety, physical, spiritual and mental health and maximum functional ability

Ongoing Support

- Removing barriers and providing supports to aid the long-term wellness process. Includes a range of social, educational, legal and other services that facilitate wellness and improved quality of life

SYSTEM INFRASTRUCTURE



- Leadership
- Policies and Procedures
- Workforce Development
- Community Engagement
- Data Collection

LEADERSHIP

- Leadership is the mobilization of resources to bring about the change.
- Leadership galvanizes the people to change their ways
- Leadership is a reflective and active, personal learning process

POLICIES & PROCEDURES TO CONSIDER

- Referral Processes
- Data-Sharing Processes
- Universal Expectations
- Shared screening processes and tools
- Community Connections

WORKFORCE DEVELOPMENT = EVERYONE

UNDERSTANDING TRANSFERRING INTO PRACTICE

TIROES Champions

Embedding

Skill Building

Awareness

TRANSFERRING TO PRACTICE

Most success (95%) with study of theory

plus practice

plus coaching

plus demonstration

plus practice

EVALUATION OF TRAINING

Level	Description
Level 1	**Reaction** • Did they like it?
Level 2	**Learning** • Did they learn it?
Level 3	**Behavior** • Do they use it?
Level 4	**Results** • Did it improve results?

CONTINUOUS QUALITY IMPROVEMENT BASICS

Establish a culture of quality in your practice

Conduct a readiness assessment

Determine and prioritize potential areas for improvement

Collect and analyze data

Communicate your results and share your successes

Commit to ongoing evaluation

CREATE I.M.P.A.C.T. GOALS AND ACTION STEPS

- Improve: Does accomplishing the goal improve the quality of your organizational culture and resiliency?
- Measurable: Is the goal objectively measurable so you know if it has been accomplished?
- Positively Stated: Is it positively stated as something new in the organizational culture?
- **A**chievable: Is it achievable within the current organizational structure?
- **C**all forth Actions: Does it specify actions that can be taken on a regular basis to create a trauma-informed, resilience-oriented culture?
- Time limited: When do you plan to accomplish the goal or action step?

STAYING TRAUMA-INFORMED

- Focus on Trauma-Informed Action Steps
- Develop a trauma-informed workforce
- Build compassion resilience in the workforce
- Identify and respond to consumers around stress, distress, and trauma
- Finance and sustain trauma-informed initiatives

THE 7 DOMAINS OF TRAUMA-INFORMED, RESILIENCE-ORIENTED, EQUITY-FOCUSED CARE

- Domain 1: Early Screening & Comprehensive Assessment
- Domain 2: Person-driven Care & Services
- Domain 3: Trauma-informed, Resilience-oriented, Equity-focused, Educated & Responsive Workforce
- Domain 4: Trauma-informed, Resilience-oriented, Culturally-adapted Best Practices
- Domain 5: Safe and Secure Environments
- Domain 6: Community Outreach and Partnership Building
- Domain 7: Ongoing Performance Improvement

TRAUMA DISCUSSIONS

Acknowledging and discussing someone's history of trauma is a sensitive and challenging thing, it's a process that cannot be distilled into one simple conversation.

However, there are ways to acknowledge the influence of trauma and toxic stress on someone's journey to recovery from tobacco use and create a sense of safety for further discussion.

BRIEF SAMPLE SCRIPTS TO HELP YOU GET STARTED ON HAVING CONVERSATIONS ABOUT TRAUMA AND TOBACCO USE

At first appointment:

"Hello, my name is [name], and I am [role]. Is [name] your preferred name? Thank you; I'll make a note of this for future appointments. I'm glad you are here today. I have some questions to ask you about your history. As providers, we are becoming more and more aware of how current and past experiences can affect our health in the here and now, including our smoking cessation efforts. We want to make this a safe and comfortable place for your health care and efforts to stop smoking. How would you feel about answering a few brief questions about your personal and family history?"

At follow-up appointments:

"Hello, [name]. (Be sure to use the preferred name noted in their chart from the first appointment.) Each year we like to check in about experiences in your life that might affect how we help you with your medical care and smoking cessation efforts. Would you be willing to look at this survey about your current or past experiences again and update our understanding of you as a person and how we can best support you? During high periods of stress, it can take a toll on your ability to think clearly, concentrate, eat, sleep and engage in life at times. Have you experienced or noticed any stress symptoms lately?"

SAMPLE SCRIPTS

Open-ended questions "Difficult life experiences, like growing up in a family where you were hurt, or where there was mental illness or drug/ alcohol issues, or witnessing violence, can affect our health. Do you feel like any of your current or past experiences affect your physical or emotional health? Trauma can continue to affect our health and our smoking cessation efforts. If you would like, we can talk more about services that are available that can help."

Response to trauma disclosure "What a difficult/terrible experience and/or it sounds like it has been really challenging. Thank you for sharing this with me. This information can help me understand how best to care for you. Trauma can continue to affect our lives and health and impact our smoking cessation efforts. Do you feel like this experience affects your health or wellbeing?" "In light of what you've shared today, is there anything I can do to make you feel more comfortable during our appointments together? Do you have any concerns we should address before moving forward?" "Thank you for sharing this. I will note it in the record for future appointments, and you can always change or add to it later. What questions do you have?"

Open-ended Inquiry:

Using open-ended questions to invite discussion from the individual Instead Of… Try… "Can you cut back on smoking?" "What do you like and dislike about smoking?" "Do you know about our tobacco cessation group?" "What do you know about our tobacco cessation group?" "Why haven't you been able to quit?" "How have you approached quitting in the past?"

Affirmations / Reflections

Client says… Provider responds… "I've been coming here for 6 months, ever since I got out of the hospital. I'm working really hard to take my meds and show up for therapy, so I don't need you taking away the one thing that seems to help the most – my cigarettes." "It feels as though cigarettes help with your symptoms." "You don't want to be in the hospital again." "You've been committed to your treatment plan."

Scripts for dual diagnosis Skill Considerations

Example, Open-ended Inquiry, Avoid compound questions "What is most important to you? If you decided to quit, how would you do it?"

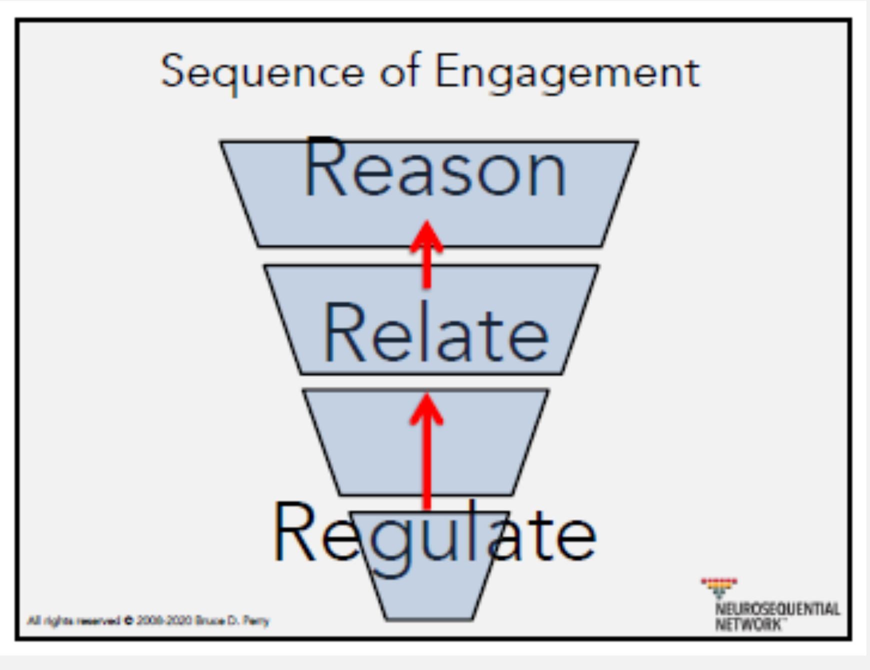
Affirmations

Use often to counter social stigma, feeling invalidated and incapable "You're not someone who gives up easily."

Reflections

Use often, with simple terms; allow time to process and respond: "Quitting smoking is not something you want to do right now – and you've thought about whether it's actually making things worse."

KEY CONSIDERATIONS



- Addressing unique concerns and current knowledge/literature (addressing menthol, etc.)
- Understanding and applying the neuroscience of the impact of trauma and its interaction with cessation efforts
- Embracing the slow and steady healing journey of recovery
- Using different interventions for different regulation states
- Addressing Trauma

Bottom-Up approaches
Focused breathing
Sensory and calming tools
Exercise and movement
Listening to/playing music

Top-Down approaches
Journaling/Reflecting
Practicing self-compassion
Setting clear expectations
Problem-Solving

TRAUMA-INFORMED, EQUITY-FOCUSED, & CULTURALLY RESPONSIVE STRATEGIES TO TREAT CLIENTS WITH A TUD

Self-reflection

Open communication

Client empowerment

Other strategies

DISCUSSION, QUESTIONS & ANSWERS