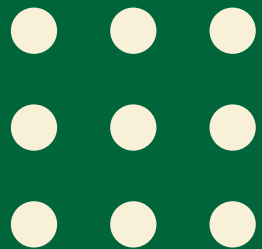




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# Trauma-Informed Counties

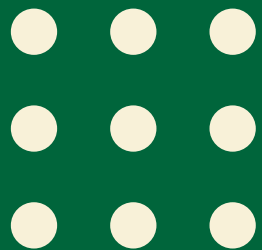
**Compassion, Hope, Practical Steps**

**Presented by the NCACC Opioid Settlement Technical Assistance Team  
& Deena Fulton, MPH**

[Deena@DFultonConsulting.com](mailto:Deena@DFultonConsulting.com)



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# How trauma shows up in our work



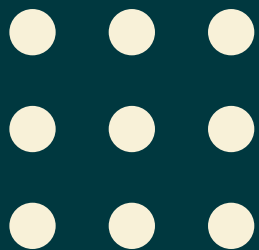
# Agenda

- ● ● Sections
- ● ● • Introduction and understanding trauma
  - ● ● • What is trauma?
  - ● ● • Impacts of trauma
  - ● ● • Notable types of trauma
- ● ● • How trauma shows up in our work
  - ● ● • Trauma and drug use
  - ● ● • Re-traumatization
- ● ● • Trauma-informed approaches
  - ● ● • Resilience and healing
  - ● ● • Understanding trauma-informed approaches
  - ● ● • Applications to your work and community



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# Trauma and drug use

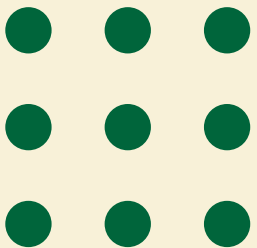




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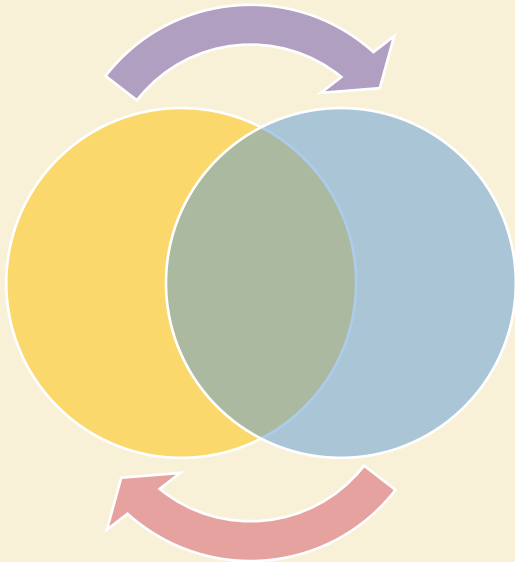
# Why talk about trauma when we're working with people who use drugs?

An overview

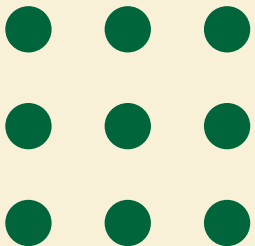




# Cyclical effects



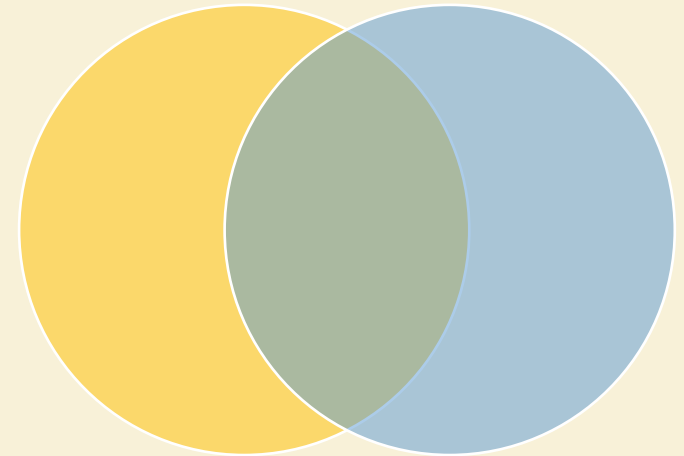
- Trauma history is a risk factor in nearly all substance use disorders.
- People with PTSD who are exposed to opioids are 58% more likely to develop opioid use disorder than those without PTSD.
- Substance use disorder makes individuals more vulnerable to traumatic experiences
  - Ex: Overdose –experiencing or witnessing—is traumatic





# Co-occurrence

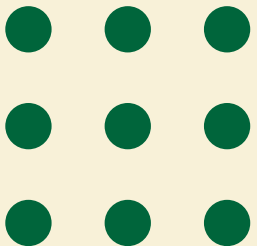
- Prevalence of co-occurring trauma and substance use:
  - Among individuals with PTSD, almost half (46.4%) also met criteria for a substance use disorder.
  - Among participants seeking treatment for substance use disorders, lifetime PTSD rates range between 30% and over 60%
- ~9 out of 10 people with opioid use disorder experience a potentially traumatic event, with 1/3 meeting diagnostic criteria for PTSD
  - Caveat: Australian data





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# Co-occurrence is common and meaningful



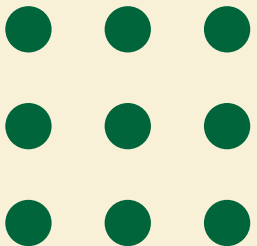




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# Activity

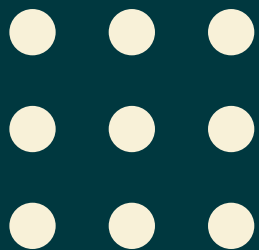
Trauma and drug use





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# Re-traumatization





**COLOUR**

**SMELL**

**SOUND**

**SENSATION**



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“Re-traumatization is a conscious or unconscious reminder of past trauma that results in a re-experiencing of the initial trauma event. It can be triggered by a situation, an attitude or expression, or by certain environments that replicate the dynamics (loss of power/control/safety) of the original trauma.”

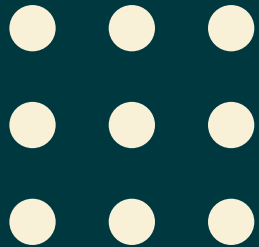
–[Zgoda, Shelly, & Hitzel](#)

**Difficulty assessing  
safety/danger cues  
in the present moment**



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**Our services and systems can be  
re-traumatizing.**

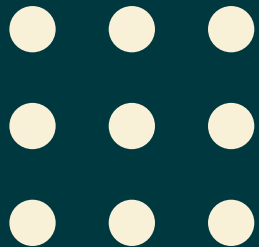




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# Reflection:

## What is it like to work with populations with a high prevalence of trauma?





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# Trauma responses: short term

## Re-living

- Nightmares
- Intrusive memories

## Avoidance

- Numbness
- Withdrawal and apathy

## Arousal

- Anxiety
- Anger
- Startle responses

## Cognitive processing

- Difficulty concentrating
- Distortion of time and space
- Memory problems





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# Trauma responses: long term

## Re-living

- Flashbacks
- Nightmares
- Intrusive memories

## Avoidance

- Substance use
- High-risk behaviors
- Emotional detachment

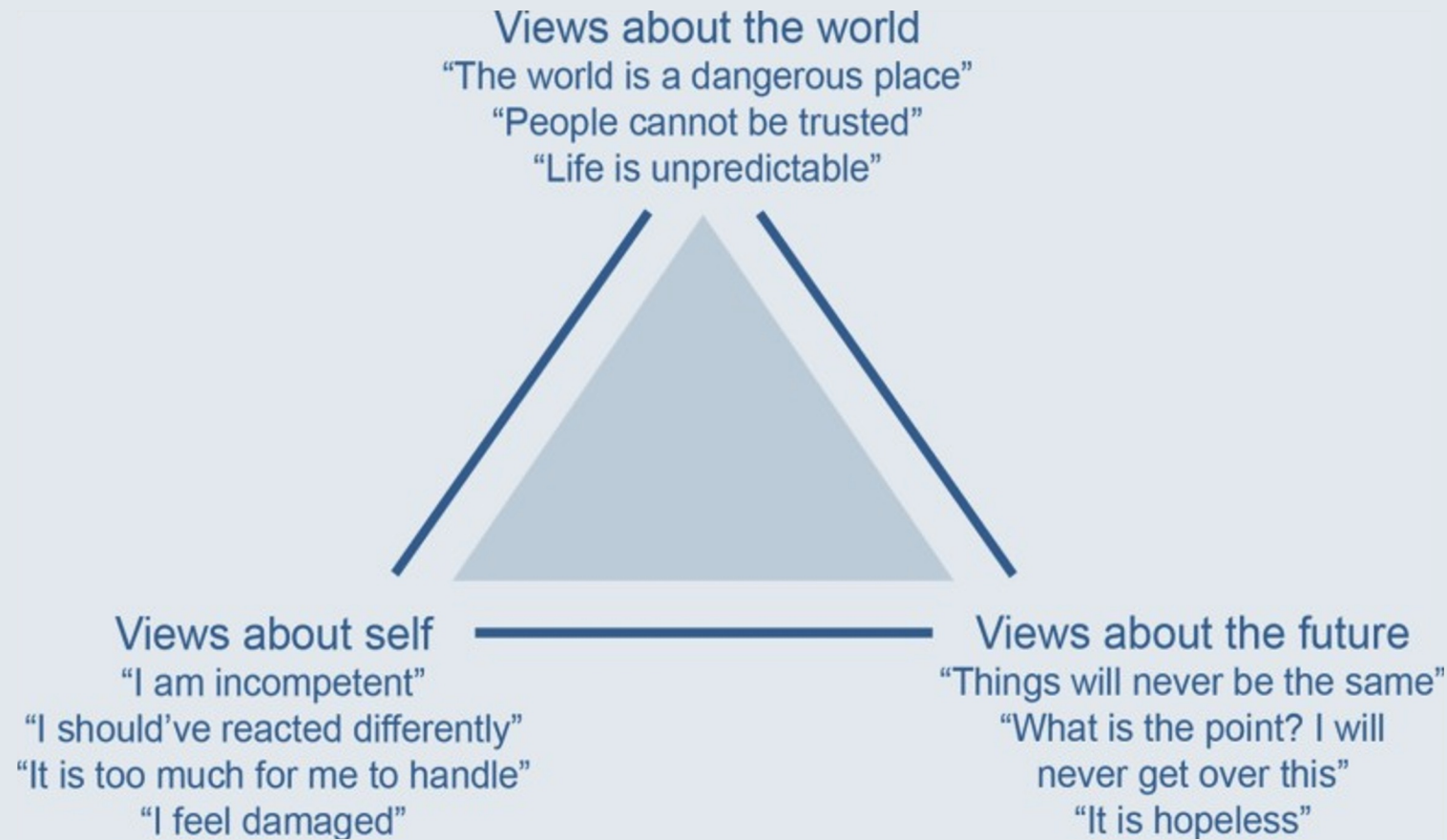
## Arousal

- Anxiety
- Hypervigilance

## Other

- Depression
- Grief reactions
- Social relationship disturbances
- Loss of purpose
- Reestablishment of priorities

# Profound existential shifts





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# Shifting the frame

Something's  
wrong with you



Something  
happened to  
you

(Don't necessarily need to know what to  
know it's important)

