



BURNT: HOW THE OPIOID EPIDEMIC HAS IMPACTED OUR BRAINS

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CIAP, NOVEMBER 13 & 14, 2019



BRAIN DEVELOPMENT AS INFANTS



Doubles in size in the first year



By age 3 it has reached 80% of its adult volume



Synapses are formed at a faster rate than at any other time



Genes provide a blueprint for the brain, but a child's environment and experiences carry out the construction

PROTECTIVE FACTORS

Nurtruing & Attachment

Social Connections

Parental Resilience

- Knowledge of parenting & child development
- Support in times of need



DRUG ABUSE RESISTANCE EDUCATION: **DARE**

- Lesson 1: Introduction
- Lesson 2: Drug information for responsible decision making
- Lesson 3: Risks & Consequences
- Lesson 4: Peer Pressure
- Lesson 5: Dealing with Stressful Situations
- Lesson 6: Basics of Communication (verbal)
- Lesson 7: Nonverbal Communication & Listening
- Lesson 8: Bullying
- Lesson 9: Helping Others
- Lesson 10: Getting Help From Others



BRAIN DEVELOPMENT

- Abstract thinking
 - Problem-solving
 - Logic
-
- Prefrontal Cortex: impulse control and organizational skills



Stable home environment

Consistency with rules

Listening & Support

Sleep

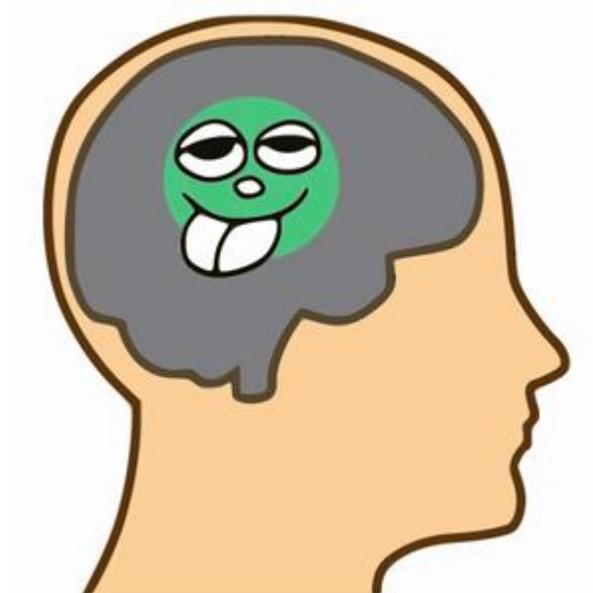
Nutrition

PROTECTIVE FACTORS



BRAIN DEVELOPMENT

- Overactive amygdala:
 - Emotions
 - Impulses
 - Aggression
 - Risk-taking Behaviors



MEDICAL ISSUES

- Pain Management
- Change in identity
- Use of drugs, including prescription pain medications, at younger ages are correlated with an increased risk of substance use disorder later in life.



- 15 years old
- 1st interaction with Police at home
- No charges
- Resources





**WHAT IS THE
FAMILY
EXPERIENCING?**

FIRST RESPONDERS



- Hazards of the Job include long-term exposure to:

- Death
- Grief
- Injury
- Pain
- Threats to personal safety
- Long hours
- Frequent shifts
- Poor sleep

**1ST
RESPONDERS**

Depression

Stress

PTSD symptoms

Suicidal ideation

PROTECTIVE FACTORS

- Specialized training
- Assurance in personal & team capabilities
- Peer support
- Availability & openness of counseling



16 YEARS OLD

**1ST INTERACTION WITH
POLICE OUTSIDE OF
THE HOUSE**

UNDERAGE DRINKING



ADOLESCENTS WITH SUD



2.9 million adolescents currently use alcohol



Approximately 2.2 million adolescents (aged 12- 17) are current illicit drug users



- Approximately 1.3 million adolescents have a Substance Use Disorder (SUD)

ADOLESCENTS WITH SUD



Are largely undiagnosed



Are distributed across diverse health & social service systems



Have been adjudicated delinquent



Have histories of child abuse, neglect and sexual abuse



Have high co-morbidity with psychiatric conditions



MENTAL HEALTH STATISTICS

- More than 1 in 5 children/adolescents have a diagnosable mental health disorder
- Approximately 2.6 million (10%) of adolescents have experienced a Major Depressive Episode in the past year
- About 21% of children 9-17yo have mental health or substance use disorder with at least minimal impairment

FAMILY RULES

Don't Talk

Don't Trust

Don't Feel

**1ST
RESPONDERS:
HOW DO THEY
SEE JOE NOW?**





19 YEARS OLD

1ST OVERDOSE

**1ST ARREST AS AN
ADULT**

PROGRESSION

- Tolerance
- Brain Changes
- Consequences
 - Legal
 - Relationships

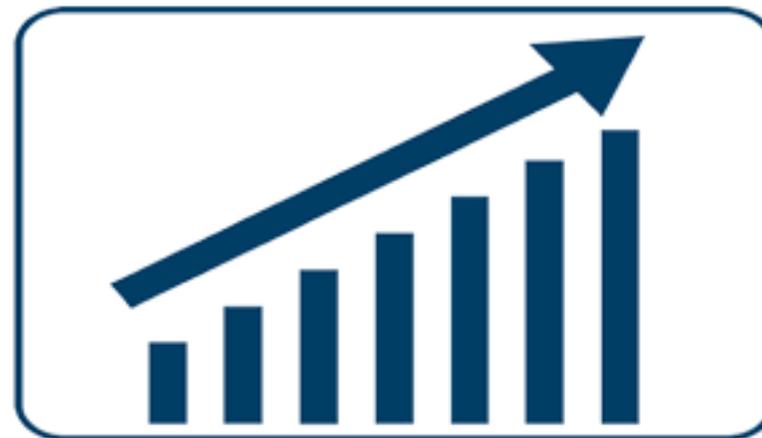


Figure 5-1
Stages of Change

Stage	Characteristics
Precontemplation	No intention to change in the foreseeable future; may be unaware or under-aware of problems.
Contemplation	Aware that a problem exists and thinking seriously about overcoming it, but have no commitment to take action yet made; weighing pros and cons of the problem and its solution.
Preparation	Combines intention and behavior—action is planned within the next month, and action has been taken unsuccessfully in the past year; some reductions have been made in problem behaviors, but a criterion for effective action has not been reached.
Action	Behavior, experiences, or environment are modified to overcome the problem; successful alteration of the addictive behavior for anywhere between 1 day to 6 months (note that action does not equal change).
Maintenance	Working to prevent relapse and consolidate gains attained during the Action stage; remaining free from addictive behavior and engaging consistently in a new incompatible behavior for more than 6 months.

Source: Adapted from Prochaska et al. 1992.

TRAUMA



JOE



FAMILY



1ST RESPONDERS

VICARIOUS TRAUMA

- Working with people in distress
- Demands of carrying out professional responsibilities—maintaining ethical, professional, and legal standards.
- Varied and often shifting role demands—role conflict and ambiguity.
- Challenge of managing and balancing intimate, confidential, and non-reciprocal nature of caregiver/consumer relationship.

VICARIOUS TRAUMA

- Utilizing oneself as a person as a therapeutic tool and managing one's own emotions.
- Need to maintain boundaries and resist boundary intrusions of consumers.
- Interactions between work demands and personal stressors.
- Potential stress from listening to consumers describe their traumatic life experiences.

VICARIOUS TRAUMA

- Charles Figley (1995) suggests that work with clients who have suffered traumatic experience has specific occupational health risks: ‘...there is a cost to caring...the most effective therapists are most vulnerable to this contagion effect...those who have enormous capacity for feeling and expressing empathy tend to be more at risk of compassion stress...’

A=AWARENESS

B=BALANCE

C=CONNECTIONS





19 YEARS OLD

2ND OVERDOSE

WHY DO ADDICTS LIE?

To preserve the addiction

To avoid facing reality

To avoid confrontation

Denial

They believe they're different

Shame

Because they can

Suicidality is not a mental disorder in and of itself, but rather a high-risk behavior associated with COD, especially (though not limited to) serious mood disorders.



Research shows that most people who kill themselves have a diagnosable mental or substance use disorder or both, and that the majority of them have depressive illness.

SUICIDALITY

1ST RESPONDERS

- Suicidality
 - Firefighters: 47%
 - Police: 25%
 - EMS: 10%

26 years old

8 overdoses

Probation for last 3
years

Jail 2X

1 treatment—left
AMA





WHY DO FAMILY MEMBERS ENABLE?

- “If only I can keep him going through their current crisis, it will buy us another day.”
- “If I can’t change what they’ve done, at least I can help limit the damage of that choice.”
- “Maybe my loved one will wake up and come to his senses. Maybe a real solution is waiting right around the next corner.”

BARRIERS TO TREATMENT

- STIGMA
- LACK ACCESSIBLE INFORMATION
- CULTURAL COMPETENCE OF PROVIDERS
- EARLY TERMINATION OF SERVICES
- FINANCIAL
- DIFFICULTY ASKING FOR HELP
- UNAWARENESS OF AVAILABLE SERVICES
- SYSTEM RESISTANCE TO WORKING WITH “DIFFICULT” CLIENTS

EMPATHETIC DETACHMENT: FAMILY & 1ST RESPONDERS

- **Vicarious Trauma**
- **Enmeshment**
- **Enabling**
- **Self-Care**



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