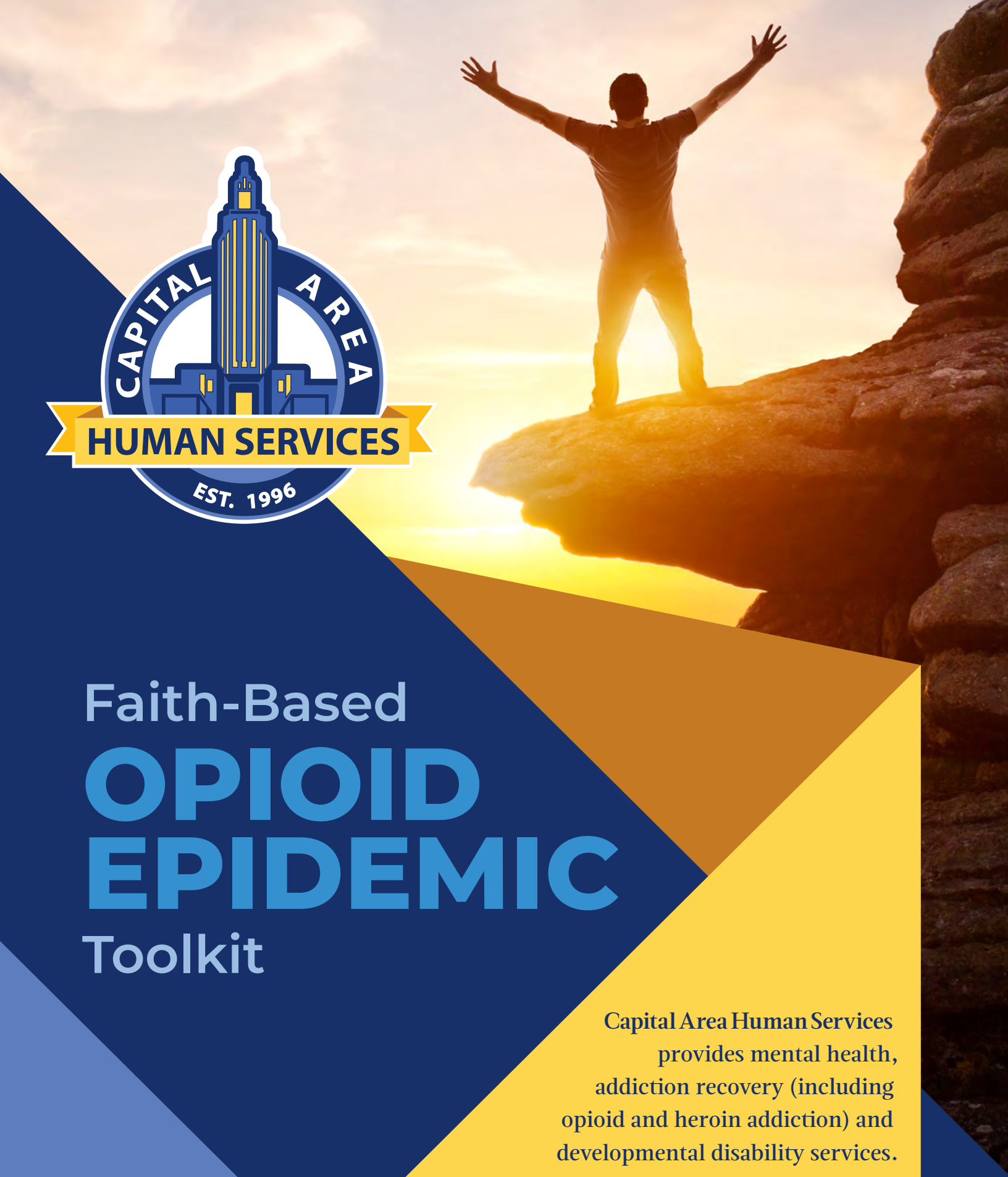

CAPITAL AREA HUMAN SERVICES EST. 1996

Faith-Based OPIOID EPIDEMIC Toolkit

Capital Area Human Services provides mental health, addiction recovery (including opioid and heroin addiction) and developmental disability services.

RealHelpBR.com | 225-925-1906

Innovative, compassionate care for over 25 years.

A Message From Our Executive Director

Jan Laughinghouse, PhD

LCSW-BACS, LAC, CCS

Drug addiction is not a moral failure. It is a brain disease that defies human logic. Addiction dwells outside the guidelines of morals, religion, and ethics. It affects every sector of our society, and communities of faith are not protected nor immune. Oftentimes, when addiction begins to ravage individuals and their families, their first cry for help is answered by a local church, temple, synagogue, mosque, or other faith-based organization. That's why we created this essential toolkit for leaders of faith and their congregations.

You have a critical role to play in helping educate people about the dangers of opioid misuse, as we all fight this deadly epidemic. In addition to prevention services, like this toolkit, we also offer treatment services. Medicaid, Medicare and most private insurances are accepted.

If we can help you and others you know, please call 225-925-1906. Capital Area Human Services is your partner in the fight to save people from addictive and deadly consequences.

Faith-Based OPIOID EPIDEMIC Toolkit

A USER GUIDE FOR FAITH-BASED LEADERS

Faith-based leaders have an important role to play in helping educate people about the dangers of opioid misuse, offering support for those affected by the opioid crisis and directing people to treatment services in their community.

Addiction is a Disease. Substance use disorders change the structure and functioning of the brain, which can seriously and significantly impair decision-making. Communities of faith help create cultures of acceptance and support that reduce stigma and connect people to the treatment they need to recover.

Addiction can be the result of **Adverse Childhood Experiences**. Children who suffer from abuse, neglect and other challenges are more likely to develop substance use disorders. Faith-based institutions can provide critical support and help families heal.

The response to addiction should be from a **Trauma-Informed Approach**. Faith leaders are often the first point of contact when individuals and families face mental health problems or traumatic events, which is why faith-based institutions should seek to understand the impact and recognize signs and symptoms of trauma so they can respond to trauma compassionately and effectively.

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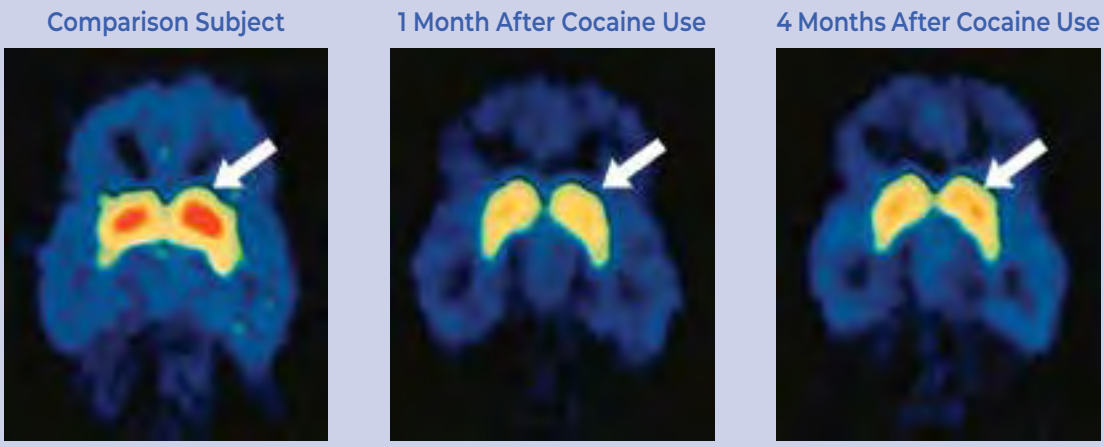
The Science of Addiction[1]
Drug Misuse and Addiction

What is Drug Addiction?

Addiction is defined as a chronic, relapsing disorder characterized by compulsive drug seeking and use, despite adverse consequences. It is considered a brain disorder because it involves functional changes to brain circuits involved in reward, stress and self-control, and those changes may last a long time after a person has stopped taking drugs.

Addiction is a lot like other diseases such as heart disease. Both disrupt the normal, healthy functioning of an organ in the body; both have serious harmful effects; and both are, in many cases, preventable and treatable. If left untreated, they can last a lifetime and may lead to death.



Low dopamine D2 receptors may contribute to the loss of control in cocaine users.[2]

Note: These fMRI images compare the brain of an individual with a history of cocaine use disorder (middle and right) to the brain of an individual without a history of cocaine use (left). The person who has had a cocaine use disorder has lower levels of the D2 dopamine receptor (depicted in red) in the striatum one month (middle) and four months (right) after stopping cocaine use compared to the non-user. The level of dopamine receptors in the brain of the cocaine user are higher at the 4-month mark (right), but have not returned to the levels observed in the non-user (left).

What Biological Factors Increase the Risk of Addiction?

Biological factors that can affect a person's risk of addiction include their genes, stage of development, and even gender or ethnicity. Scientists estimate that genes, including the effects environmental factors have on a person's gene expression, known as epigenetics, account for 40–60% percent of a person's risk of addiction. Also, teens and people with mental disorders are at greater risk of drug use and addiction than others.

What Environmental Factors Increase the Risk of Addiction?

Environmental factors are those related to the family, school and neighborhood. Factors that can increase a person's risk include the following:

- **Home and family.** The home environment, especially during childhood, is a very important factor. Parents or older family members who use drugs or misuse alcohol, or who break the law, can increase children's risk of future drug problems.

[1] Source: *NIDA. 2023, May 30. Preface. Retrieved from https://nida.nih.gov/research-topics/addiction-science/drugs-brain-behavior-science-of-addiction on 2023, September 11 – https://nida.nih.gov/sites/default/files/soa.pdf*

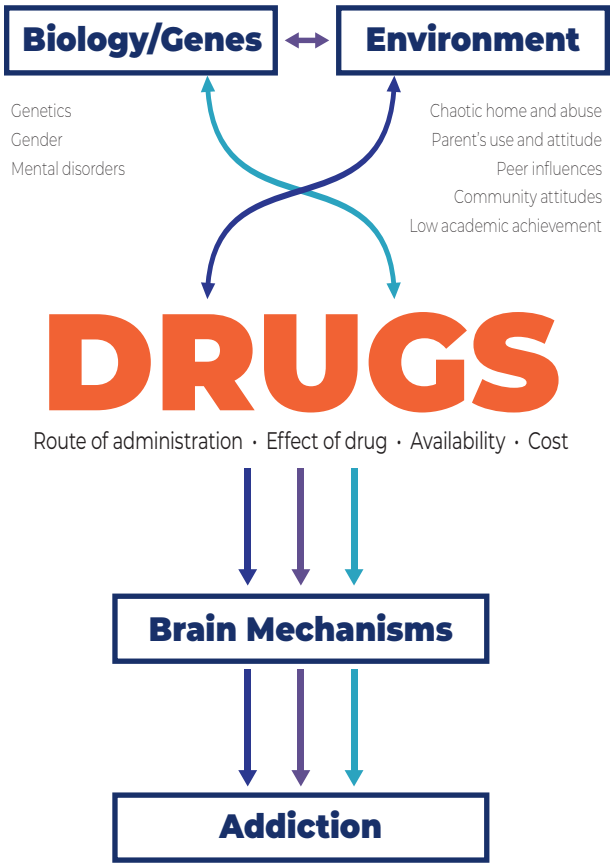
[2] Source: *Facing Addiction in America: The Surgeon General's Report on Alcohol, Drugs, and Health*
Modified with permission from Volkow et al. 1993

- **Peers and school.** Friends and other peers can have an increasingly strong influence during the teen years. Teens who use drugs can sway even those without risk factors to try drugs for the first time. Struggling in school or having poor social skills can put a child at further risk for using or becoming addicted to drugs.

What Other Factors Increase the Risk of Addiction?

- **Early use.** Although taking drugs at any age can lead to addiction, research shows that the earlier a person begins to use drugs, the more likely he or she is to develop serious problems. This may be due to the harmful effect that drugs can have on the developing brain. It also may result from a mix of early social and biological risk factors, including the lack of a stable home or family, exposure to physical or sexual abuse, genes, or mental illness. Still, the fact remains that early use is a strong indicator of problems ahead, including addiction.
- **How the drug is taken.** Smoking a drug or injecting it into a vein increases its addictive potential. Smoked and injected drugs enter the brain within seconds, producing a powerful rush of pleasure. However, this intense high can fade within a few minutes. Scientists believe this starkly felt contrast drives some people to repeated drug taking in an attempt to recapture the fleeting pleasurable state.

The Stigma of Addiction



Addiction is a chronic *disease*, not a moral failing.

Stigma contributes to the tragic reality that fewer than 13% of people with an illicit drug use disorder received any treatment for their addiction in 2019.

The aura of illegality even affects the treatment of people with addiction. For example, some treatment programs expel patients for positive urine samples. Relapse is a known symptom of the disorder and a clinical signal to adjust the treatment approach, yet the incident is too often perceived as an actual wrongdoing.

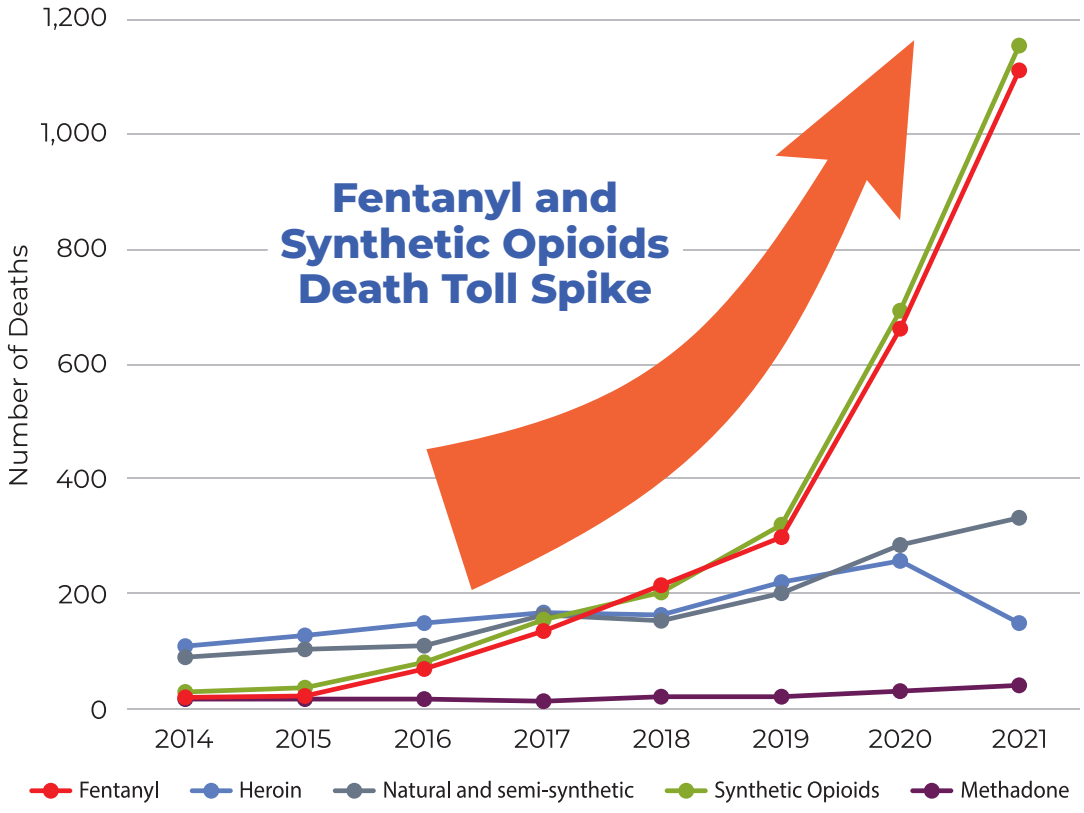
No single factor determines whether a person will become addicted to drugs, though there are risk factors.

Children's earliest interactions within the family are crucial to their healthy development and risk for drug use.

Fentanyl: The Quandary of Opioid Addiction

All addictions are problematic. The prevalence of opioid misuse disorder is significantly deadly, primarily due to fentanyl. The charted activity below illustrates the point.

Deaths by specific opioid drug use - Louisiana, 2014-2021[1]



The Unique Challenges of the Fentanyl Epidemic[2]

In the early 90s, the liberal prescribing of opioids led to widespread availability of opioids, like oxycodone. Some of those exposed to prescription opioids developed opioid abuse and dependence.

[1] Source: *Louisiana Electronic Event Registration System, extracted 12/2022 by the Louisiana Opioid Surveillance Initiative*
[2] Source: *https://time.com/6269011/fentanyl-overdose-unique-challenges/*

Accordingly, in 2010, Louisiana, like the rest of the US, began to see a rise in heroin-related overdose deaths. The steepening climb in opioid overdose death rates, along with the increasing mortality gap among white, working-class Americans put opioid use disorder at the forefront of the national agenda. Billions of dollars in treatment and research funding were allocated to combating the epidemic, and compassion for people with opioid use disorder was at an all-time high. However, the epidemic evolved again when the opioid market became inundated with illicitly manufactured fentanyl. This transition has had an impact upon key stakeholders in the opioid epidemic: people who use opioids, treatment providers, researchers, and harm-reduction practitioners.

Fentanyl is estimated to be 50 times more potent than heroin...

When asked why fentanyl is so problematic, the obvious answer is its potency. **Fentanyl is generally estimated to be 50 times more potent than heroin**; and some analogs, like carfentanil, can be thousands of times more potent than heroin. Fentanyl's potency means that its effects on both the central nervous system and the respiratory system are more pronounced. The resulting sedation, loss of cognition, and depressed respirations increase the likelihood of a fatal overdose.

Fentanyl's effects wear off relatively quickly, which means that individuals must use the drug more frequently to avoid withdrawal symptoms like vomiting, severe diarrhea, and major headaches and body aches. This leads to greater financial burden, and a challenge to access sterile equipment, increasing the risk of exposure to blood-born pathogens, such as HIV and Hepatitis C. The short-acting nature of fentanyl is also thought to be responsible for the rise in the use of xylazine or "Tranq", a non-opioid animal tranquilizer. Xylazine is sometimes mixed with fentanyl to prolong fentanyl's euphoric effects. The combination of these two central nervous system depressants can lower respirations, blood pressure, and heart rate to dangerous levels, and increase the risk of a fatal drug overdose. Overdoses that are due to the use of fentanyl combined with xylazine are more likely to be fatal because the depressant effects of xylazine cannot be reversed with naloxone (the opioid overdose reversal medication). Xylazine is a pain killer for animals that is sometimes mixed with fentanyl to prolong its effects. This sedative may increase the risk or severity of an opioid overdose event.

Illicitly manufactured fentanyl is also increasingly being adulterated into counterfeit pills being sold online as prescription opioids or benzodiazepines. This activity is believed to be contributing to increased rates of opioid-related overdose among recreational users, particularly younger adults who are more likely to experiment with these substances.

Understanding the Importance of Mental Health in Your Congregation

The Intersection of Faith and Mental Health[1]

For too long, there has been a divide between faith and mental health — with mental illness being viewed as a moral or spiritual failing and spirituality being viewed as unscientific. We've spent too much time in silos, instead of finding strength and healing through partnership. Faith and mental health are not antithetical to each other; in fact, they are complementary.

After all, if mental health *is* health, it encompasses our total health — physical, mental, and spiritual.

Faith can help us in many ways that traditional treatments cannot. Faith is a powerful thing. Faith can help us make sense of our suffering. Faith can give us strength to persevere through hardship. Faith can help us connect with a community that cares.

Faith leaders tend to be some of our most frequent first responders in mental health crises.

Did you know that churches, temples, mosques and faith communities reach **70% of the American population** each month? And in the United States, clergy outnumber psychiatrists by nearly 10 to 1 and are more equitably distributed geographically than health professionals.

This means there is a real opportunity for faith leaders and mental health professionals to partner to help educate congregations about mental health, end the stigma and get people the appropriate mental health support they need and deserve.

[1] Source: *https://www.nami.org/Blogs/From-the-CEO/August-2022/The-Intersection-of-Faith-and-Mental-Health*

Adverse Childhood Experiences (ACEs), Trauma, and Emotional Intelligence

Adverse Childhood Experiences and Trauma Informed Care

Adverse childhood experiences, or ACEs, are potentially traumatic events that occur in childhood (0-17 years). Included are aspects of the child's environment that can undermine their sense of safety, stability, and bonding.

Many individuals who seek help have histories of trauma, but they often don't recognize the significant effects of trauma in their lives. Likewise, treatment providers and faith leaders may not ask questions that deal with a history of trauma and may feel unprepared to address trauma-related issues. By recognizing that traumatic experiences are closely related to mental health issues, faith leaders can begin to build a trauma-informed environment.

The Key Elements of Emotional Intelligence[1]

Developing emotional intelligence is important. It helps a person manage the affects of ACE's and trauma.

- Recognize your own emotions and those of others
- Discern between different feelings and label them appropriately
- Use emotional information to guide thinking and behavior
- Manage and/or adjust emotions to adapt to environments or achieve one's goals.

Building emotional intelligence also supports the development of strong relationships and helps young people manage difficult situations. Your Emotional Intelligence Quotient (EQ) is made up of five key elements:

1. **Self-awareness** When you're self-aware, you know how to identify your emotions and understand how your emotions and actions can affect people around you.
2. **Self-regulation** Self-regulation is about staying in control of how you respond to experiences and the way others behave. Learning to self-regulate will help you make better decisions, especially when you're dealing with complex emotions.
3. **Motivation** Being motivated pushes you to work consistently toward your goals, by being willing to defer immediate results for long-term success. You can improve your motivation by always keeping in mind why you started toward a certain goal.
4. **Empathy** When you're empathetic, you imagine yourself in someone else's position to better understand their experience by focusing on when you've dealt with similar emotions.
5. **Social Skills** Developing good social skills will help you manage change and resolve conflicts more easily. Build social skills by focusing on listening during conversations and praising others for the work they do or talents they have to build and maintain relationships.

It's important to look for opportunities to strengthen your emotional intelligence, which can help you increase your leadership potential and improve the quality of your relationships.

[1] Source: *https://www.mindtools.com*

When Mental Health and Substance Use Disorders Collide

Mental Health and Substance Use Co-Occurring Disorders[1]

Mental health problems and substance use disorders sometimes occur together. This is because:

- Certain substances can cause people with an addiction to experience one or more symptoms of a mental health problem
- Mental health problems can sometimes lead to alcohol or other drug use, as some people with a mental health problem may misuse these substances as a form of self-medication
- Mental health and substance use disorders share some underlying causes, including changes in brain composition, genetic vulnerabilities, and early exposure to stress or trauma

More than one in four adults living with serious mental health problems also have a substance use problem. Substance use problems occur more frequently with certain mental health problems, including:

- Depression
- Anxiety Disorders
- Schizophrenia
- Personality Disorder

[1] Source: *https://www.samhsa.gov/mental-health/mental-health-substance-use-co-occurring-disorders*

Substance Use Disorders

Symptoms

It can be hard to identify a substance use disorder because people can have a wide degree of functioning that hides their alcohol or drug use. Symptoms of substance use disorders may include:

Behavioral changes, such as:

- Drop in attendance and performance at work or school
- Frequently getting into trouble (fights, accidents, illegal activities)
- Engaging in secretive or suspicious behaviors
- Changes in appetite or sleep patterns
- Unexplained change in personality or attitude
- Sudden mood swings, irritability or angry outbursts
- Periods of unusual hyperactivity, agitation or giddiness
- Lack of motivation
- Appearing fearful, anxious or paranoid with no reason

Physical changes, such as:

- Bloodshot eyes and abnormally sized pupils
- Sudden weight loss or weight gain
- Deterioration of physical appearance
- Unusual smells on breath, body or clothing
- Tremors, slurred speech or impaired coordination

Social changes, such as:

- Sudden change in friends, favorite hangouts and hobbies
- Legal problems related to substance use
- Unexplained need for money or financial problems
- Using substances even though it causes problems in relationships

Recovering From Mental Health Problems and Substance Use

Someone with a mental health problem and substance use disorder must treat both issues. Treatment for both mental health problems and substance use disorders may include rehabilitation, medications, support groups and talk therapy.

Conversation Starters with Those Potentially Struggling with Addiction

When a member of your congregation needs support these Conversation Starters can help.

Understanding the signs and symptoms of opioid misuse is the first step to ensuring you are able to provide the type of support and guidance members of your faith community may need. Review the signs and symptoms below, along with dialogue tips and potential conversation starters to help start a conversation that can help someone consider a path to recovery.

Signs and Symptoms of Opioid Misuse and Abuse

- Isolation from friends or family members
- Noticeable changes in personal appearance, such as weight loss or changes in hygiene
- Sudden, unprovoked outbursts
- Quickly changing moods
- Depression
- Poor performance at work or duties
- Poor motor skills and coordination
- Recent financial troubles
- Being overly energetic and talking fast
- Frequent flu-like symptoms

Dialogue Tips

- Prepare for the conversation by doing the proper research. Gather enough information to ensure you understand what kind of substance they may be using and the effects.
- Avoid being judgmental or confrontational. Avoid using terms like "addict." Those terms may be a trigger and can result in a negative reaction.
- Communicate that change is possible. Provide support and guidance needed to help them realize they can change. Inform them about resources available to help with opioid misuse.
- Before starting the conversation, make sure the person is sober. It is difficult to have important conversations when a person is under the influence of drugs. The individual is likely to have difficulty concentrating and have impaired judgment.
- Create a space for an open and honest conversation. Let the person know that you care about them and their health. You should emphasize you want to listen and provide any support they may need. Remain calm and share facts and information while encouraging them to open up about their struggles.

Conversation Starters

Use some of these conversation starters from StartYourRecovery.org to begin a discussion about opioid misuse:

- I wanted to check in with you because you haven't seemed yourself lately...
- I've noticed you've been acting differently lately, and I'm wondering how you're doing...
- I've been worried about you lately...

Once you've started the conversation, you can ask some of these questions:

- Do you feel like you're trying to escape or forget something?
- What can I do to best support you right now?
- Have you thought about getting help?
- When did you start feeling like this?

Remember, you're there to provide support, not to fix the situation or dominate the conversation. It's important to listen and respond, when appropriate, with encouraging words such as:

- I want you to know that you are not alone—even if that's how it feels to you.
- I am here for you, and I want to help you in any way that I can.
- It may not seem like it right now, but you can be in control of your life again.
- I may not be able to understand exactly how you feel, but I'm concerned about you and want to help.

Quick Reference Guide to Address Mental Health for Faith Leaders

MENTAL ILLNESS IS COMMON. In the United States in the last year:

Any mental illness—
nearly 1 in 5 people (19%)

Serious mental illness—
1 in 24 people (4.1%)

Substance use disorder—
1 in 12 people (8.5%)

SUICIDE IS THE 10TH LEADING CAUSE OF DEATH IN THE U.S.

OBSERVABLE SIGNS:
Some Signs That May Raise a Concern About Mental Illness

*These observations **may** help identify an individual with a mental illness; they are not definitive signs of mental illness. Further mental health clinical assessment may be needed.*

CATEGORIES OF OBSERVATION	**Cognition:** Understanding of situation, memory, concentration	**Affect/Mood:** Eye contact, outbursts of emotion/ indifference	**Speech:** Pace, continuity, vocabulary *(Is there difficulty with the English language?)*	**Thought Patterns and Logic:** Rationality, tempo, grasp of reality	**Appearance:** Hygiene, attire, behavioral mannerisms
EXAMPLES OF OBSERVATIONS *(Does something not make sense in context?)*	▪ Seems confused or disoriented to person, time, place ▪ Has gaps in memory, answers questions inappropriately	▪ Appears sad/ depressed or overly high-spirited ▪ Overwhelmed by circumstances, switches emotions abruptly	▪ Speaks too quickly or too slowly, misses words ▪ Stutters or has long pauses in speech	▪ Expresses racing, disconnected thoughts ▪ Expresses bizarre ideas, responds to unusual voices/ visions	▪ Appears disheveled; poor hygiene, inappropriate attire ▪ Trembles or shakes, is unable to sit or stand still (unexplained)

COMMUNICATION:
When a Mental Health Condition Is Affecting an Individual

- Speak slowly and clearly; express empathy and compassion
- Treat the individual with the respect you would give any other person
- Listen; remember that feelings and thoughts are real even if not based in reality
- Give praise to acknowledge/ encourage progress, no matter how small; ignore flaws
- If you don't know the person, don't initiate any physical contact or touching

EXAMPLES OF COMMON OBSERVATIONS

Loss of hope: appears sad, desperate

Recommendations for Responses:

- As appropriate, instill hope for a positive end result
- To the extent possible, establish personal connection

Appears anxious, fearful, panicky

Recommendations for Responses:

- Stay calm; reassure and calm the individual
- Seek to understand

Loss of control: appears angry, irritable

Recommendations for Responses:

- Listen, defuse, deflect; ask why he/she is upset
- Avoid threats and confrontation

Has trouble concentrating

Recommendations for Responses:

- Be brief; repeat if necessary
- Clarify what you are hearing from the individual

IMMEDIATE CONCERN: Approaching a Person With an Urgent Mental Health Concern

- Before interacting, consider **safety** for yourself, the individual, and others
- Is there a family member or friend who can help?
- Find a good, safe place (for both) to talk
- Express willingness to be there for the person
- **Seek immediate assistance if a person poses a danger to self or others; call 911; ask if a person with Crisis Intervention Team (CIT) training is available**

988 SUICIDE & CRISIS LIFELINE
CALL TEXT CHAT

SUICIDE:
Thoughts of suicide should always be taken seriously. A person who is actively suicidal is a psychiatric emergency. Call 911.

WARNING SIGNS OF SUICIDE

- Often talking or writing about death or suicide
- Comments about being hopeless, helpless, or worthless, no reason for living
- Increase in alcohol and/or drug use
- Withdrawal from friends, family, and community
- Reckless behavior or engaging in risky activities
- Dramatic mood changes

RISK FACTORS FOR SUICIDE

- Losses and other events (e.g., death, financial or legal difficulties, relationship breakup, bullying)
- Previous suicide attempts
- History of trauma or abuse
- Having firearms in the home
- Chronic physical illness, chronic pain
- Exposure to the suicidal behavior of others
- History of suicide in family

REFERRAL:
Making a Referral to a Mental Health/Medical Professional

WHEN TO MAKE A REFERRAL

Assessing the person

- **Level of distress**—How much distress, discomfort, or anguish is he/she feeling? How well is he/she able to tolerate, manage or cope?
- **Level of functioning**—Is he/she capable of caring for self? Able to problem solve and make decisions?
- **Possibility for danger**—danger to self or others, including thoughts of suicide or hurting others

Tips on making a mental health referral

- Identify a mental health professional, have a list
- Communicate clearly about the need for referral
- Make the referral a collaborative process between you and the person and/or family
- Reassure person/family you will journey with them
- Be clear about the difference between spiritual support and professional clinical care
- Follow-up; remain connected; support reintegration
- Offer community resources, support groups

DEALING WITH RESISTANCE TO HELP

Resistance to seeking help may come from stigma, not acknowledging a problem, past experience, hopelessness, cultural issues, or religious concepts

- **Learn about mental health** and treatments to help dispel misunderstandings
- **Continue to journey** with the person/family; seek to understand barriers
- **Use stories** of those who have come through similar situations; help the person realize he/she is not alone and people can recover
- **Reassure** that there are ways to feel better, to be connected, and to be functioning well
- If a person of faith, **ask how faith** can give him or her strength to take steps toward healing

If you believe danger to self or others is imminent, call 911

Addressing Stigma in Your Congregation

How You Can Reduce Stigma

1. **Start by understanding your own potential biases**, your organization's biases, and ways that you may internally or externally shame individuals with substance use disorders or their families.

2. **Create a media campaign using messages of hope and faith.** The message that "prevention works, treatment is effective, and people do recover" is a good example of positive messaging. Use this messaging on created materials, on social media posts, in presentations, and in conversations.

3. **Change your words.** Words are important. An "addict" is a person with a substance use disorder. We do not call a person with cancer, a cancer. We can clearly see the negative impact that labeling would have on morale and hope, and even on recovery-based behaviors (such as seeking treatment).

4. **Share stories of recovery.** They are powerful.

5. **Share information on ACEs** (Adverse Childhood Experiences), how common they are, and their relationship to addiction. As the number of ACEs increases, so does the risk of negative health outcomes including substance misuse.

6. **Stick to the facts.** Facts are persuasive when challenging biases and fear-based stigma. It is hard to argue with cold, hard facts. Science supports interventions such as motivational interviewing, cognitive behavioral therapies, family-based interventions, finding meaning, faith, purpose, and medication assisted treatment. There is no evidence that supports confrontation or shaming as effective in helping people recover. Facts support messages of hope.

7. **Support access to treatment.** Know where to make referrals. Share resources. Give assistance. Sometimes the opportunity to encourage someone to find help is brief. Be ready.

Sources:

- Campaign for Trauma-Informed Policy and Practice. Trauma-Informed Approaches Need to be Part of a Comprehensive Strategy for Addressing the Opioid Epidemic, June, 2017.
- Substance Abuse and Mental Health Services Administration's Center for the Application of Prevention Technologies. Words Matter: How Language Choice Can Reduce Stigma, November 2017.
- University of Washington Alcohol and Drug Abuse Institute. Evidence-Based Practices for Treating Substance Use Disorders: Matrix of Interventions, August 2006.

How Can Faith Communities Address Adverse Childhood Experiences

Of the roughly 74 million children in the United States, just under 51 million are pre-K through 12th grade public school students. Every day, 13 million of these children go hungry. A report of child abuse is made every 10 seconds. And 2.7 million have a parent in prison. Our children are living in a state of emergency. How can we as faith communities expect them to invest in spiritual growth when they are living in a constant state of fight or flight?

ACE-related isssues can make people uncomfortable. They uncover the hidden problems in families: verbal, physical, emotional, and sexual abuse; alcoholism; lack of necessities; or feelings of being unloved or neglected. These problems transcend race, religion, and socioeconomic status just as issues of mass violence, racial prejudice, and catastrophic events do. Every one of them can contribute to mental illness. How can faith communities help children and youth succeed in life and faith despite ACEs?

One way is to adopt positive development and universal prevention strategies. Recognizing that many children and youth spend more awake time at school than they do at a faith-based institution or at home, we need to accept—and embrace—that our role as the faith community includes partnering with parents and educators to develop the whole child, including a focus on social and emotional learning.

Relationships, Common Language, and Purposeful Activities

According to Hawkins and Catalano (1992), three elements help children move from risk to resiliency: a caring, nurturing environment, high expectations, and meaningful engagement. In other words, relationships, common language and purposeful activities.

Source: Tamara Fyke, MinistryMatters, "How Can the Church Address Adverse Childhood Experiences", February 2, 2018
https://www.ministrymatters.com/all/entry/8726/how-can-the-church-address-adverse-childhood-experiences

No program is the magical fix for building and maintaining a healthy culture and climate at any organization. Culture is what we do; climate is what we feel. The key to building resilient children and youth is relationships. A connection with a child, especially one who has experienced great loss, may begin with a baby step—a smile or high-five each morning, or an invitation to help with a special job in the classroom. It may start with an intentional conversation during a dedicated learning time. Once a connection is established, members of the congregation, including lay people and leaders, should help to nurture it with regular, positive interactions. It's simple, but not always easy.

Recognizing and Responding to the Effects of ACEs

Integrating social and emotional learning requires intentionality with content and process, and provides the foundation for trauma-informed ministry that is responsive to the mental health needs of children and youth. Here are some ideas for recognizing and responding to a child's needs:

1. **Create a safe place with established norms.** Work with students to create a ministry creed that defines the children or youth community and how its members interact with each other. Have the students create posters of the creed and display them around the room. This activity helps students know that your time together is a safe place that values their voices. Talk about this creed often in relation to the content being learned and when positive and negative examples of the creed are displayed by community members.

2. **Value student voices with guided conversations.** Provide opportunities for students to talk about their personal experiences in connection to a text, particularly scripture. You may integrate this discussion into the regular learning time as well as set aside designated time for deeper conversations during weekly programming, lunch visits or special activities. Listening to what students say–and what they don't say–offers insight into their trauma.

3. **Be on the alert for unusual behaviors.** A student who is acting out repeatedly is often asking for help. Personal troubles are not an excuse; however, it is important to uncover the root of the negative behavior. Talk to the child and ask what is prompting them to act this way. Likewise, a student who continuously comes to church tired, depressed, or unkempt—especially if he or she has a history of being focused, happy, and eager to participate—may have recently experienced a traumatic event. Seek additional support from other ministry staff, the school counselor or social worker for the child, as well as for yourself, particularly if your child's experience has triggered you.

Remember, outside the home, faith communities provide an additional line of defense for children and youth. If you can follow this advice, you'll strengthen your relationships with your children and youth and hopefully become a trusted ally in working through any trauma they've experienced.

Creating Trauma Informed Congregations

Across the country, there is a growing movement to create "trauma-informed" services, organizations and communities. This movement reflects an understanding that psychological trauma and toxic stress are near-universal experiences that can affect every aspect of life, and that everyone has a role to play in addressing the issue.

Trauma results from events or circumstances that are experienced by an individual as harmful or life threatening and that has a lasting adverse effect on a person's mental, physical, social, emotional or spiritual well-being.

While many individuals experience traumatic events without having lasting harm, those events can place a heavy burden on individuals, families and communities. Trauma-informed supports can help.

Being trauma-informed means:

- Realizing how trauma affects people;
- Recognizing the signs;
- Responding by changing practices; and
- Resisting re-traumatization by addressing trauma and toxic stress in the lives of both staff and people served.

Many Americans find comfort and assistance from spiritual leaders and faith communities during times of grief, loss or trauma. In fact, many people turn to clergy for support before they turn to mental health professionals.

For some, religious beliefs and faith provide a source of wisdom or a narrative that can help re-establish a sense of meaning after a life-shattering event. For others, relationships formed in spiritual communities are deeply supportive.

A growing body of research also documents the positive effects of prayer and spiritually-based practices like meditation, contemplation and sacred music.

For example, yoga is known to be an effective treatment for trauma-related problems; meditation and mindfulness training reduce depression and anxiety.

Clearly, faith communities have the potential to be healing.

A congregation that fully understands the impact of trauma and knows how to respond is trauma-informed.

In addition to understanding the impact of stress, a trauma-informed congregation:

Clearly, faith communities have the potential to be healing.

- Expects and supports recovery after adversity;
- Has physical, social and psychological resources to help buffer and heal the negative effects of traumatic events; and
- Is prepared to take deliberate, collective action in the face of adversity.

Here are a few ways to make your congregation or community more trauma-informed:

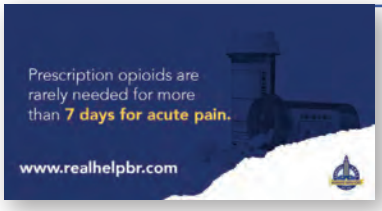
- Become educated about how trauma and toxic stress affects people. Very often, trauma underlies seemingly unconnected problems.
- Ask "What happened?" instead of "What's wrong?" when engaging in dialogue.
- Give people the chance to tell their stories in their own time and way. While specialized trauma treatment is sometimes needed, having someone acknowledge what happened can be the first step to beginning the healing process.
- Encourage and express empathy in your family, congregation and community. Convey a message of nonviolence, love and compassion.
- Ask faith leaders to support the development of a trauma-informed congregation and join the movement.

By: Andrea Blanch Ph.D., Director, Center for Religious Tolerance, and Kimberly Konkel MSW, Associate Director for Health, Center for Faith-based and Neighborhood Partnerships www.MentalHealth.org April 2014

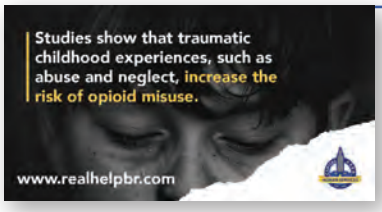
Social Media Posts to Help Increase Awareness

Capital Area Human Services has developed creatives to provide easy-to-use social media posts and images that can advance educational efforts in the faith community about opioid misuse prevention and treatment. While the posts have been developed for Facebook and Instagram, you can use the content and images on other platforms. **Graphics for these posts can be found at www.cahsd.org/prevention**.

Suggested Social Media Posts:



Types of Opioids: They include heroin, fentanyl and prescription pain killers such as, oxycodone and hydrocodone. Opioids are highly addictive and can be deadly. Prescription opioids are rarely needed for more than 7 days for acute pain.



Impacts of Trauma: Studies show traumatic childhood experiences, such as abuse and neglect, increase the risk of opioid misuse and abuse. Specialized treatment services are available to promote a child's emotional and physical well[1]being and enhance family relationships.

Recovery is Possible: Addiction to drugs, including opioids, is a treatable disease, not a moral failing. Recovery is possible. Let's create communities that offer acceptance and support to reduce stigma and connect people to the treatment they need.

Millions Affected: Nearly 5 million prescriptions for opioids were written in 2017. That's more than the population of the entire state of Louisiana. Families affected by the opioid epidemic need our support and understanding. They also need effective treatment.

Clean Cabinets: More than half of those who abused prescription painkillers actually obtained them from family and friends. It's important to keep opioids locked up and to discard unused or expired medications in secure prescription drug drop boxes or disposal bags.

Saving Lives: The #opioidepidemic claimed the lives of more than 400 of our friends, family members, and neighbors in 2017. Naloxone, an opioid overdose reversal medicine, can be obtained at local pharmacies without a prescription and can save a life.

Additional Toolkit Resources

Capital Area Human Services has also identified and developed several resources to help you meet the diverse needs of your faith community including youth, women and seniors. Some of those resources are available in the pocket to the right, while others are available on our website at cahsd.org/prevention.

YOUTH

Helping youth develop Emotional Intelligence is one way to ensure they make good decisions, including avoiding opioid misuse. Emotional Intelligence is the ability to be aware of, control and express one's emotions. It also helps a person handle relationships with others. The toolkit includes **Emotional Intelligence information cards** that can be downloaded to give to youth and their parents.

WOMEN

Women are at higher risk for opioid misuse because of unique differences in their bodies related to hormones, menstrual cycles, fertility, pregnancy, breastfeeding, and menopause. The toolkit includes a **Recognize the Risk brochure** that clearly explains these risks and offers tips on how women can avoid opioid misuse.

SENIORS

Senior Citizens are at higher risk of opioid misuse because they are more frequently prescribed opioids due to a higher prevalence of chronic pain conditions. Within this toolkit, a **Safe Medication Practices brochure** and a **Medication Chart** are available to help seniors understand the importance of medication safety and the importance of keeping a record of their medications.

Additional resources are available online at
RealHelpBR.com

CAPITAL AREA HUMAN SERVICES

Innovative, compassionate care for over 25 years.

VISION

We excel at making lives better.

MISSION

To deliver caring and responsive services, leading to a better tomorrow.

PHILOSOPHY

Capital Area Human Services (CAHS) commits to the philosophy that all individuals are valuable members of the community. We exist to help each person(s) served live productively in the location and environment of their choosing and abilities. Our staff works as a unified team to provide services and supports that help person(s) served succeed in work, school, life, and other endeavors they pursue.

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