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ADDICTION BORN OUT OF ACEs & RETURN TO HOPE

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National Board Certifications

Adult Psychiatry Child and Adolescent Psychiatry Addiction Medicine

Disclaimers

I have no affiliations with any financially-interested company. I have no known royalty, stock or financial interest in any industry-sponsored company. I do not serve any position in any financially-interested company.



Educational Objectives

1) Neurobiology of balance and survival

- stress management: regulation pathway
- reinforcement:
 reward pathway

2) Neurobiology of distress and escape

- chronic, toxic stress:
- negative reinforcement:

dysregulation pathway addiction pathway

- 3) Pathways to resolution and restoration
 - emotional mastery:
 - resiliency:

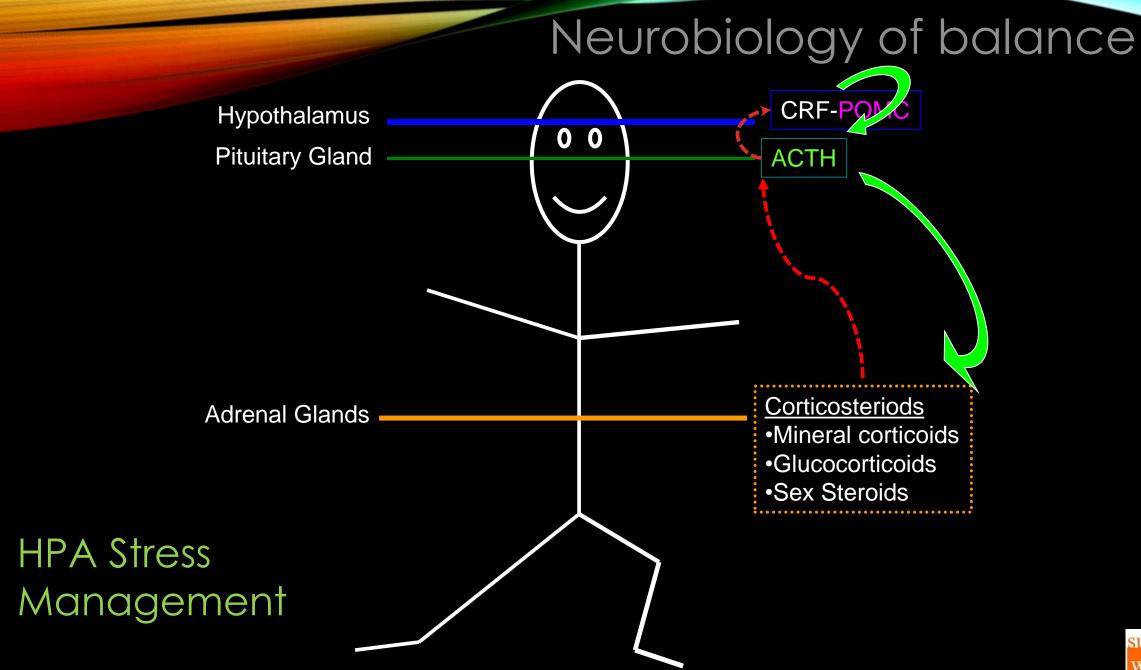
(re)regulation pathway recovery pathway





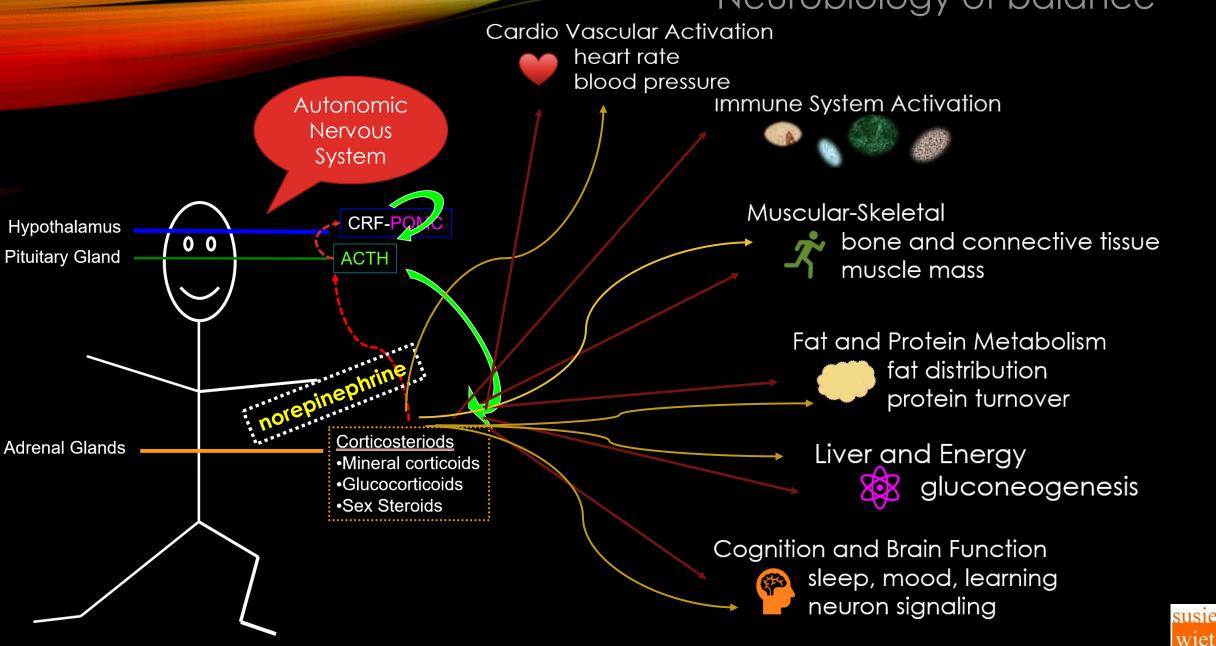
balance and survival

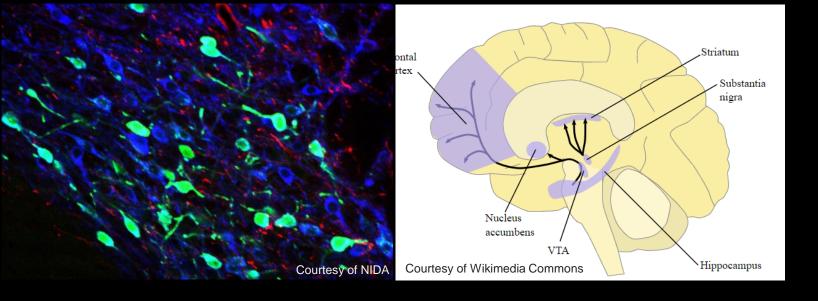


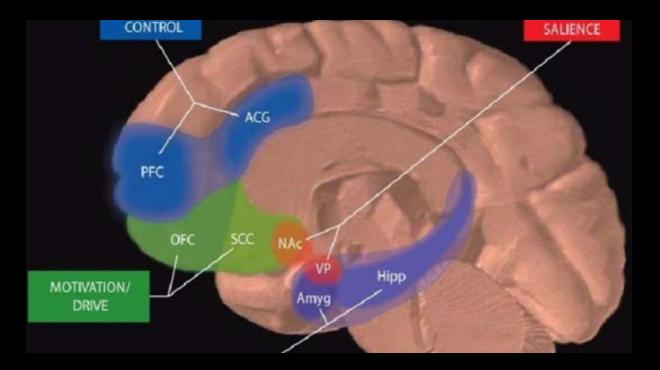


susie wiet

Neurobiology of balance





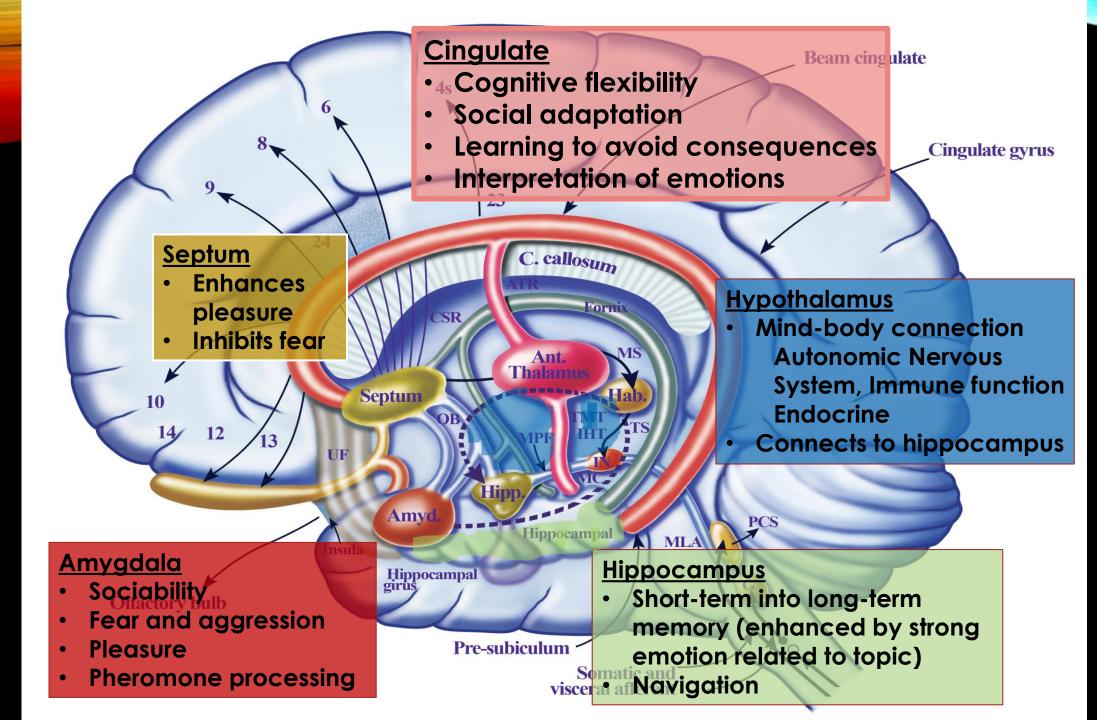


Neurobiology of survival



Neurobiology of balance and survival

Reward Pathway	STRUCTURE	Regulation Pathway		Reward Pathway	STRUCTURE	Regulation Pathway
Evaluates affective value of	Cerebral Cortex	Higher-ordered thinking			Cerebral Cortex Brain	
stimulus		r ngilor of concernancy			Cingulate Gyrus Brain	
Avoid consequences	Cingulate Gyrus	Cognitive flexibility, social adaptation			Septal Area (SA) Brain (annex to corpus callosum)	hippocampal connections
Links reward with context	Septal Area annex to corpus callosum	Inhibition of fear, enhancement of pleasure	amygdala			with brainstem and hypothalamus
Positive reinforcement of behavior	Ventral Pallidum	of pleasure	REACTION	•	Ventral Pallidum	nypourarando
Positive reinforcement of behavior	Forebrain				Evrebrain Substantia (ppominata Extended Amygdala (EAm)	
Emotional experience of behavior	Substantia Innominata Extended Amygdala	Emotional tone, fight-or-flight,	emotional tone		Temporal Lobe	
Emotional experience of becavior	Temporal Lobe	sociability		→	Gorticomedial Basolateral	
(Corticomedial Basolateral				Bed Nucleus Stria Terminalis Hippocampus	
	Basolateral Bed Nucleus Stria Terminalis				Temporal Lobe	
Learning and memory	Hippocampus	Short-term into long-term memory,		• • • • • • • • • • • • • • • • • • •		
	Temporal Lobe	navigation			Olfactory Cortex	
	Olfactory Cortex Temporal Lobe (Uncus)	Identify odors, reception, awareness			Temporal Lobe (Uncus) Striatum	
Motivation and action, Reward	Striatum	Cognitive processing of aversion			Forebrain	
perception	Forebrain	cognitive processing of aversion			Nucleus Accumbens (NAC) (Ventral Striatum=care, alfactory (NAC)	
	Nucleus Accumbens (Ventral Striatum = core + olfactory				Shell (şŊĄç) Core (cŊĄc)	
	<i>tuburcle</i>): shell, core		hypothalamus		Dorsal Striatum (Globus pallidus + Putamen)	
	Dorsal Striatum (Globus pallidus		riyponiaianios		Hypothalamus Forebrain	
Maintain homeostasis	Putamen) Hypothalamus	Maintain homeostasis	HOMEOSTASIS	↓ ↓ ↓	Dorsomedial (DMN)	
	Forebrain		HOMLOSTASIS		Suprachiasmic Nucleus (SCN) Median Forebrain Bundle (MFB)	
	Mammillary Bodies				Periventricular Nucleus (PeVN) Mammillary Bodies (MB)	
	Ventromedial Nucleus Lateral Hypothalamic Area		balance		(superior)	
	Olfactory Bulb				Ventromedial Nucleus (VMN) Lateral Hypothalamic Area (LHA)	
	Forebrain				Paraventricular Nucleus (PaVN)	
Modulates mesolimbic system	Thalamus	Motor control, sensory stimuli			Olfactory Bulb	
(feeding, energy, arousal, and metabolism)	Forebrain	synthesis			Forebrain	
Positive reinforcement	Ventral Tegmental Area	Positive reinforcement for survival			Thalamus Forebrain	
for survival	Midbrain				Medial Dorsal Nucleus (DMN) Anterior Nucleus (AN)	
Delevitive shares detection	Nucleus Issueture				Ventral Tegmental Area	
Primitive stress detection	Nucleus Incertus	Primitive stress detection, regulates hypothalamic tone	/ ventral tegmental area			
	(midline periventricular central gray)	hypothalamic tone			Nucleus Incertus Pre-pontine Hindbrain	
	Pituitary Gland Brain—Base	Regulate endocrine system	REINFORCEMENT		(midline periventricular central gray)	
	Brain—Corpus Distinction				Pituitary Gland Brain (Base)	
	Autonomic Nervous System		survival /			¦¦└-▶
	Sympathetic				Brain – Corpus Distinction	anaia
	Parasympathetic				Autonomic Nervous System	susie
	Adrenal Cortex	Mobilizes substrates needed by the			Sympathetic Parasympathetic	Truiot E
		body during stress			Adrenal Medulla	wiet ≥
Fig. 1. Reward pathways and regulation pat	hways. Copyright © Susie Wiet, MD 2016.					-



susie wiet Neurobiology of balance and survival

STAGES OF PSYCHO-EMOTIONAL DEVELOPMENT THE FIRST 5

Trust	Autonomy	Initiative	Industry	ldentity
Hope	Will	Purpose	Confidence	Fidelity
Infant	Toddler	Pre-Schooler	School-Ager	Adolescent

...leading to Intimacy...

self LOVE



The Life Cycle Completed, Eric and Joan Erikson

Neurobiology of balance and survival

PERCEPTION AGE & STAGE CONNECTION

PROTECTIVE FACTORS





Neurobiology of distress and escape

balance and survival



Neurobiology of distress

Prologed or Overwhelming or Unpredictable



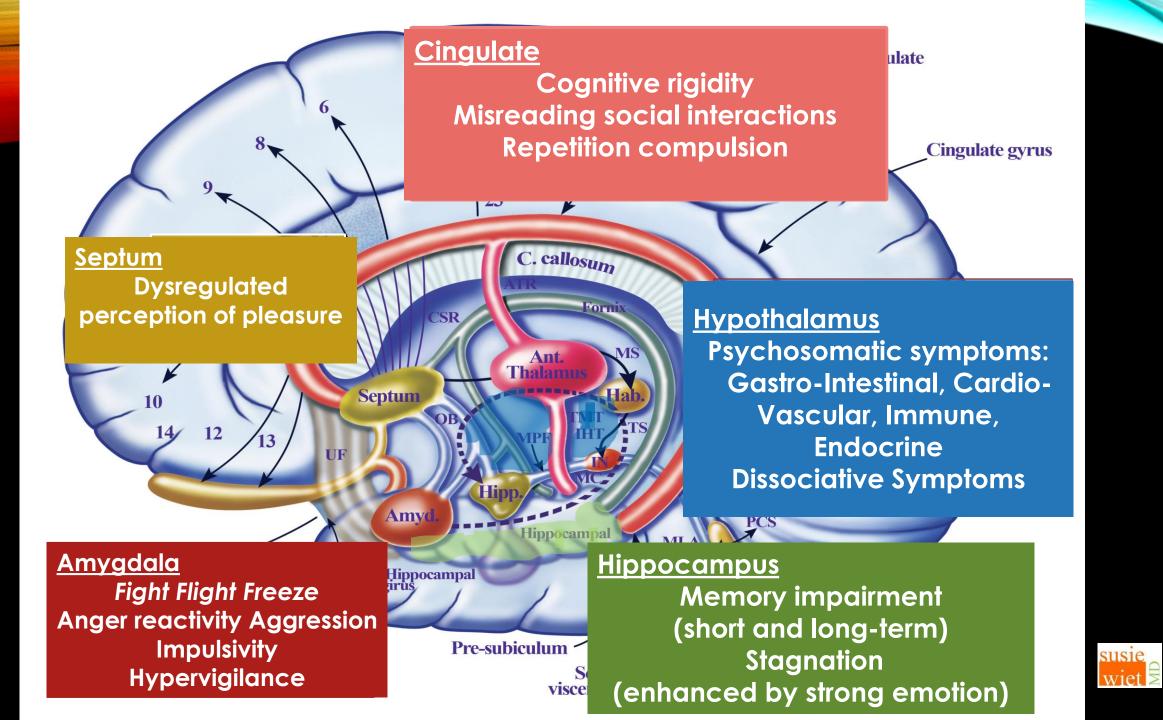
Neurobiology of distress

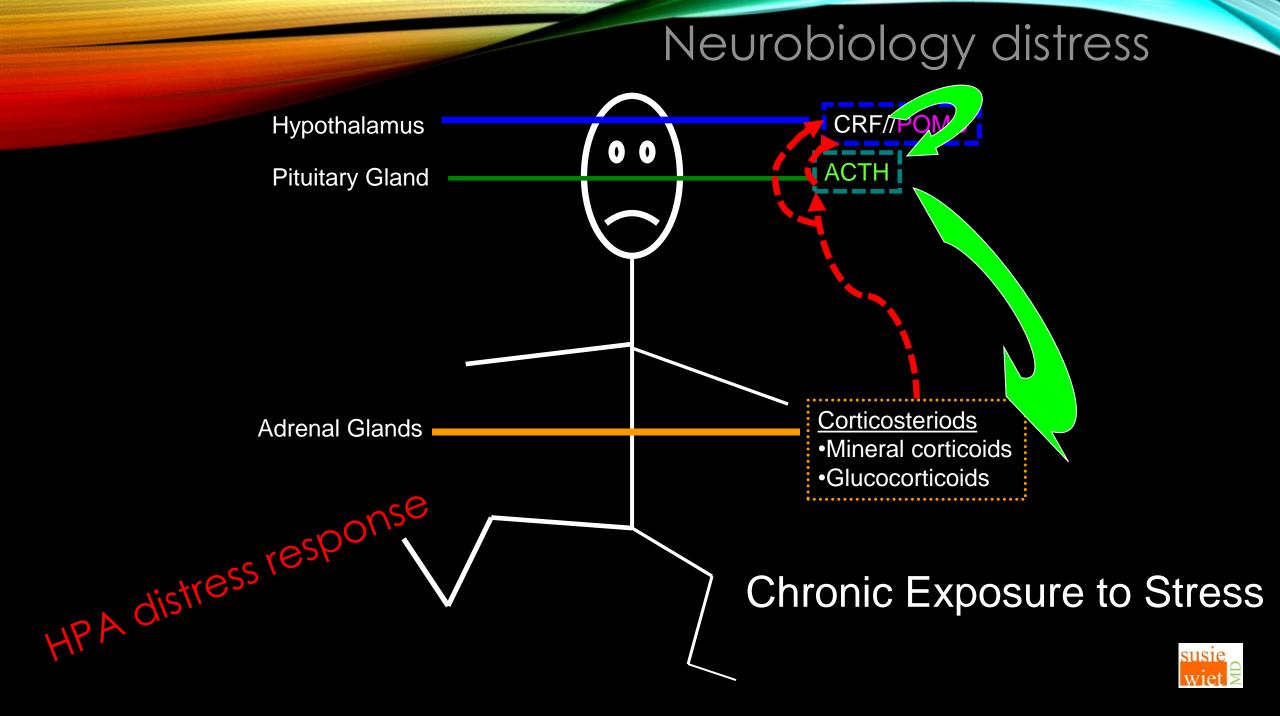
"The loss of the ability to regulate the intensity of feelings is the most far-reaching effect of early trauma and neglect." Physiological processes of the brain, throughout the life course."

- Van der Kolk

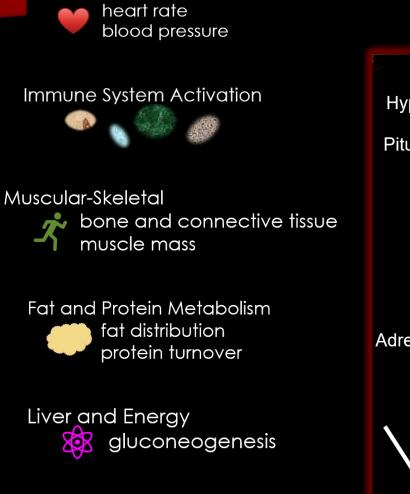
- Cicchetti, 2000





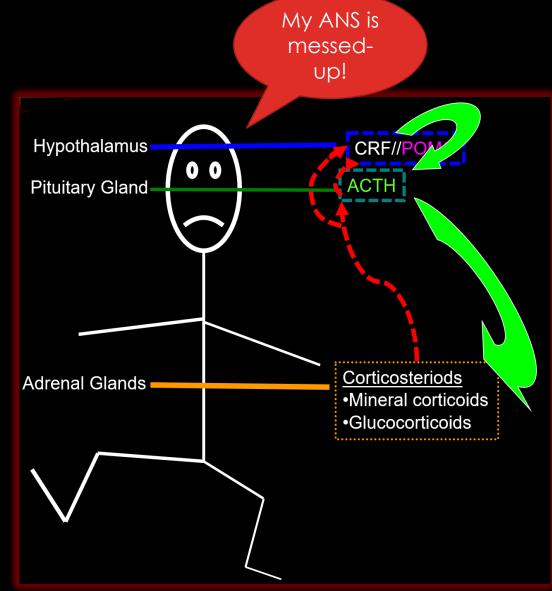


Neurobiology distress



Cardio Vascular Activation

Cognition and Brain Function sleep, mood, learning neuron signaling



Hypertension Arterial plaque C-V events

Infections Cancer Inflammation

Weak joints/bones Arthritis/arthralgia Fatigue

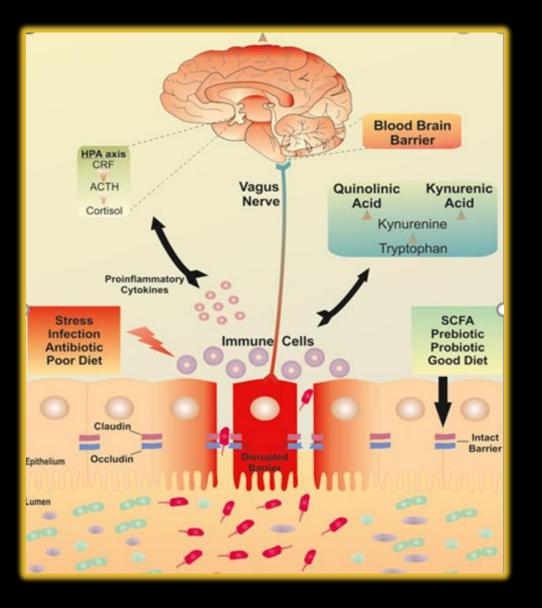
Truncal obesity Muscle break-down

Insulin resistance Elevated cholesterols Fatty liver

Insomnia Anxiety, depression Inattention



Neurobiology of distress





how early experiences alter gene expression and shape Development

Epigenetic changes are essential for normal development

- DNA methylation
- histone modification
- non-coding RNA

Regulated by environmental stimuli AND

Records "molecular memory"

) **gene regulatorY proteins** attract or repel enzymes that add or remove epigenetic markers

> PlgeNeTIc "mArKers" control where and how much protein is made by a gene, effectively turning a gene on" or "off," thereby shaping how brains and bodies develop

translates past stressful events into changes in:

NeuroN (brain cell)

- gene expression
- the HPA
- neuronal circuitry
- future behaviors

whether or not the gene is "readable" by the cell

chromosome – can pass on genes to next generation



Illustration by Betsy Hayes. Source: National Scientific Council on the Developing Child (2010). Early Experiences Can Alter Gene Expression and Affect Long-Term Development: Working Paper No. 10. Retrieved from www.developingchild.harvard.edu

Neurobiology of escape

Traumatic Experiences

Persistent impact of the unthinkable and unspeakable Changed neuro-receptors, chemistry, pathways Altered immune and hormone systems Epigenetic changes and genetic damage Dysfunction in relationships and life Drugs Disease Death

Addiction is the AVOIDANCE of SELF. - Susie Wiet, MD

Cannabis isn't a gateway drug. Alcohol isn't a gateway drug. Nicotine isn't a gateway drug. Caffeine isn't a gateway drug.

Trauma is the gateway. Childhood abuse is the gateway. Molestation is the gateway. Neglect is the gateway.

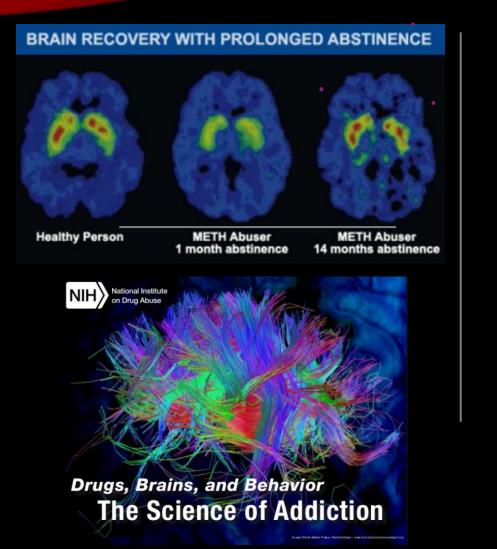
Drug abuse, violent behavior, hyper sexuality and self harm are often **symptoms** (not the cause) of much bigger **issues.** And it almost always stems from a **childhood** filled with **trauma**, absent parents, and an abusive family.

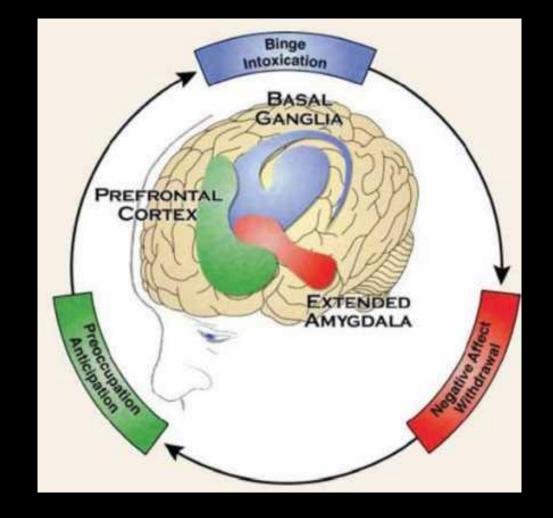
But most people are too busy laughing at the **homeless** and **drug addicts** to realize your own **children** could be in their shoes in **15 years**. Communicate. Empathize. Rehabilitate.





Neurobiology of escape







Neurobiology of escape





Neurobiology of distress and escape

Inhibition of control Precocupation Value of stimulus Brain Test Social adaptatis Cognitive flexibility Cognitive flexibility Repetition comp Repetition of fill Environmental Cuest as colevet Lik or reward with with colevet Lik or reward with with colevet Brain (annex to corpus callosum) Linihition of fill Enhancem till constant Disinhition of press of press rev of press rev press rev rev press rev rev press rev rev press rev rev rev rev of press rev of press rev rev rev rev rev rev rev rev rev rev	Addiction Pathway	Reward Pathway	STRUCTURE	"Regu	lation Pathway"	🖌 🗸 xic Stress Patl
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REVIEW ARTICLE J Korean Acad Child Adolesc Psychiatry 2017;28(1):4-13 https://doi.org/10.5765/jkacap.2017.28.1.4



Origins of Addiction Predictably Embedded in Childhood Trauma: A Neurobiological Review

Susie Wiet

General, Child and Adolescent Psychiatrist, Addiction Medicine, Holistic Treament for Psychiatry Trauma Addiction, University of Utah-Adjunct Volunteer Faculty, Salt Lake City, UT, USA

Neurobiology of distress and escape

STAGES OF PSYCHO-EMOTIONAL DEVELOPMENT THE FIRST 5

	leading to Isolationuni OVe					
Mistrust	Shame	Guilt	Inferiority	Role Confusion \sim_{\bigcirc}		
Infant	Toddler	Pre-Schooler	School-Ager	Adolescent		
Tr∪s† Hope	Autonomy Will	Initiative Purpose	Industry Confidence	ldentity Fidelity		

The Life Cycle Completed, Eric and Joan Erikson



balance and survival

distress and escape v

0



RESILIENCY & REGULATING the STRESS SYSTEM

The HPA (hypothalamic-pituitary-adrenal system)
PILLARS of SELF-REGULATION

SLEEP

Regular Circadian rhythm Restorative Play and fun Mindful breathing Meditation/prayer/reflection

RELAXATION

Regular mealtimes Wholesome nutrition Microbiome

NUTRITION

EXERCISE

Moderate and regular Stretching and alignment Meditative movement

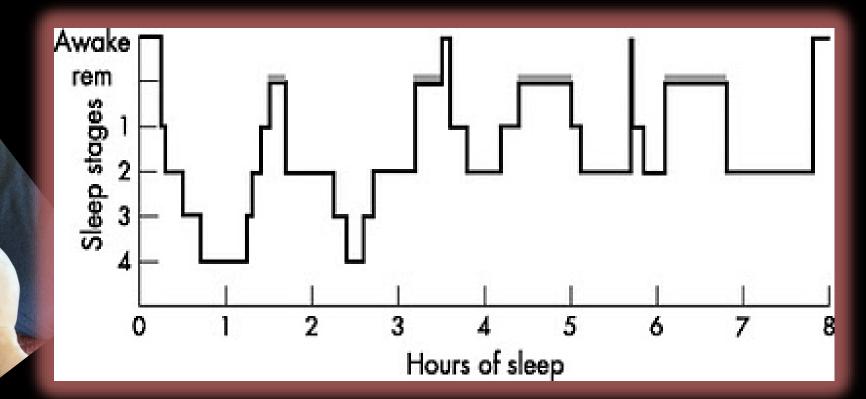
EMOTIONS

Awareness of feelings Validation and acceptance Regulating and balance

PROTECTIVE FACTORS								
RELATIONSHIPS:	Supportive adult	Healthy friendships	Self-worth and efficacy					
PERCEPTION:	Self-regulation	Adaptation	Hope for future					
COMMUNITY:	Cultural roots	Shared activities	Faith structure					

SAFETY and TRUST





Sleep



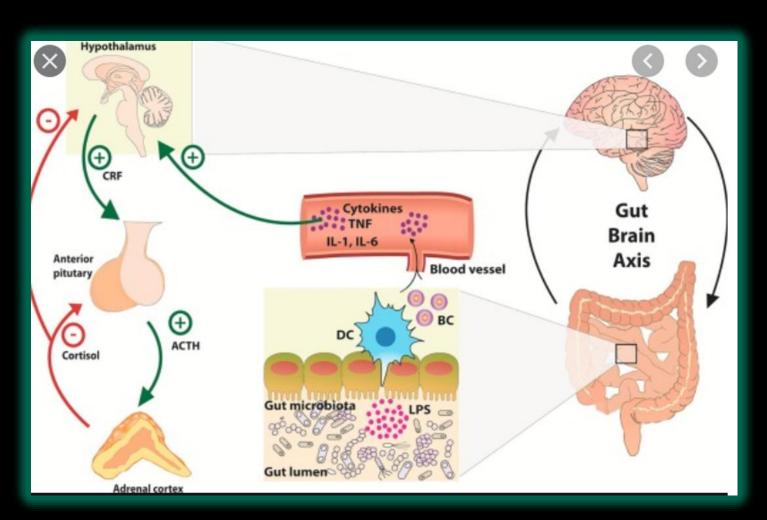


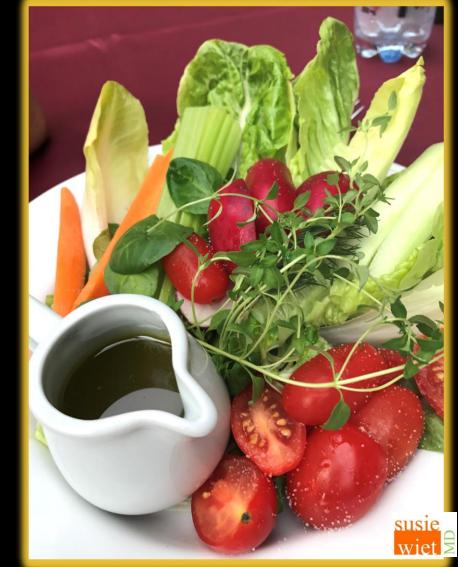
relaxation

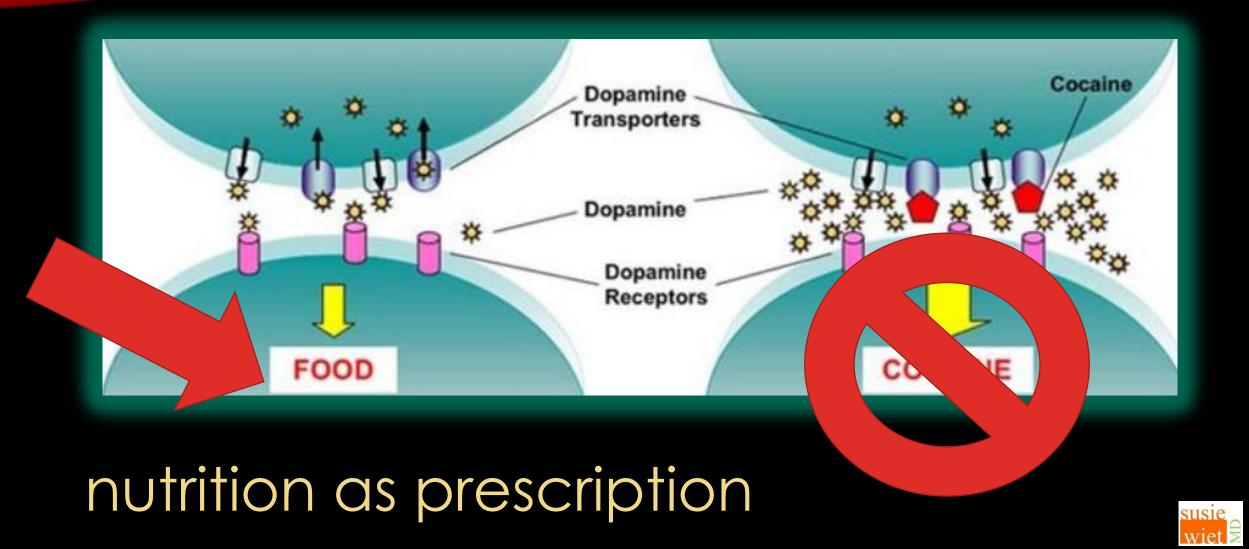


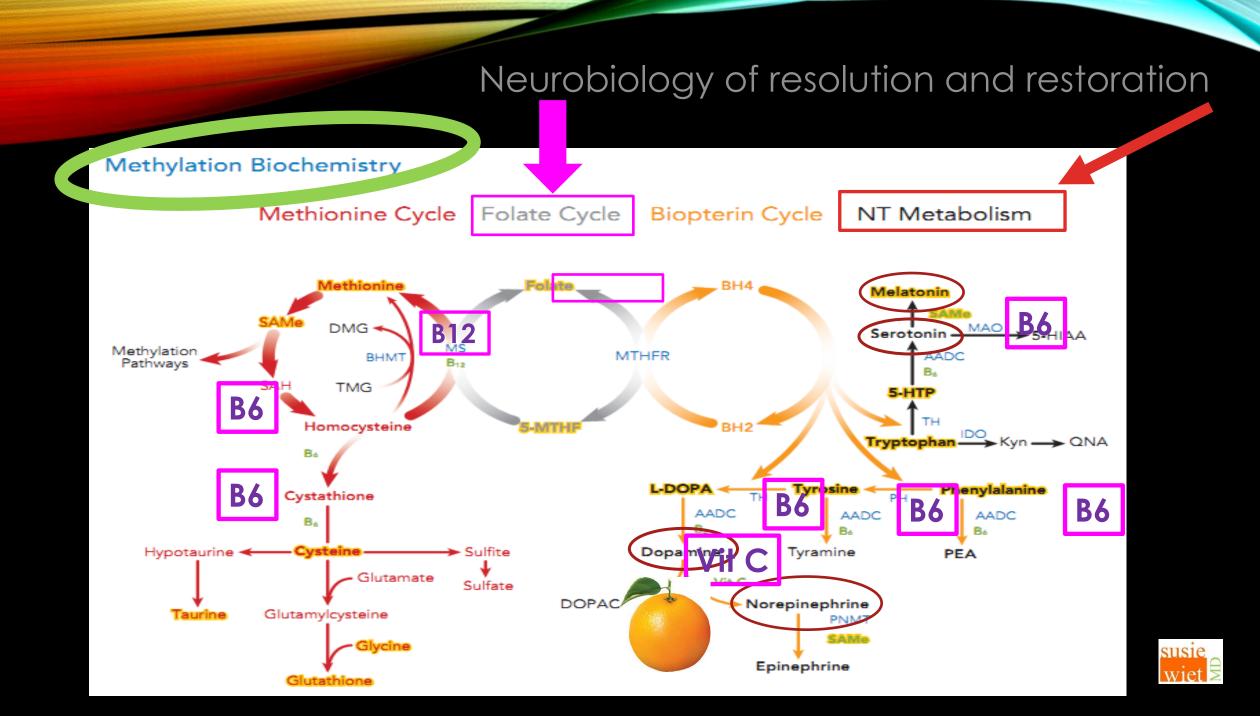


Nutrition

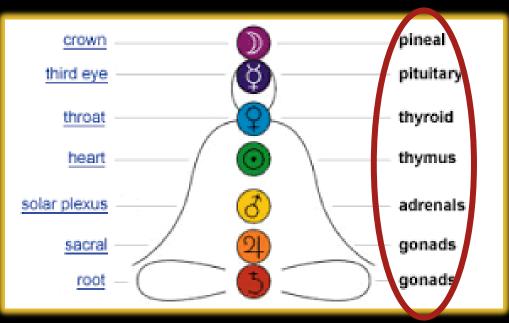


























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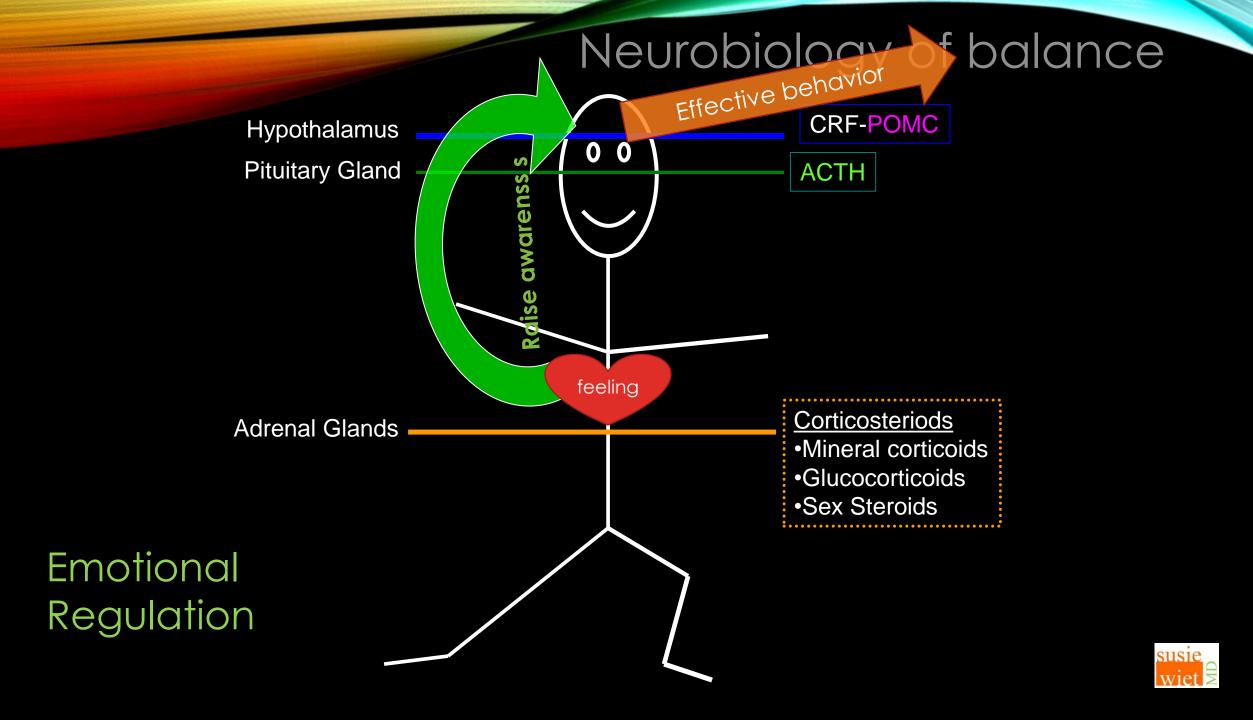
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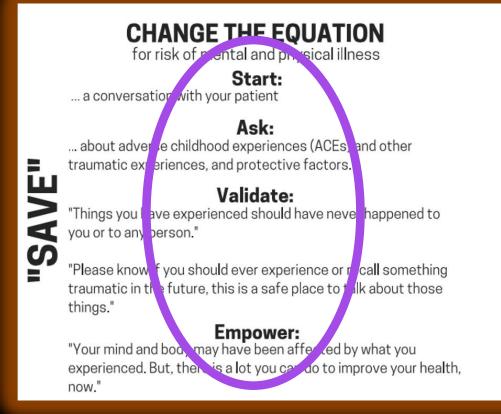




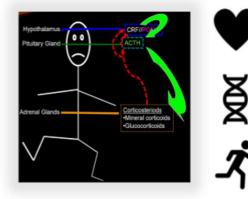
PROTECTIVE FACTORS PERCEPTION AGE & STAGE CONNECTION



Infomercial No cost or obligation involved.



TOXIC STRESS ON THE BODY



Insomnia, anxiety,

behavior

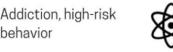
depression, inattention

High blood pressure, artery plaques, cardiovascular clots

Infection, cancer, inflammation, insulin resistence

Weak joints/bones, painful joints/muscles, muscle breakdown

Obesity, fatty liver



Elevated cholesterols and triglycerides, fatigue SUS16 © 5/2107

HEALTH RESILIENCY STRESS QUESTIONNAIRE (HRSQ)

ł	Health-Resiliency-Stress Questionn	aire (H	RSQ)	-	_	<			
				Ge	nder:	Femal	e Mal	e Other	
	lame:	Date:		7ir		:			
	ARTA				couc				
Γ	We each have our own ways to co	ope in life	and c	net thr	ouah	difficu	ılt time	25	
X	PLEASE CIRCLE THE ANSWER THAT SHOWS HOW	TRUE	Strong		agree	Neutral	Agree	Strongly	
	EACH STATEMENT IS FOR YOU:		Disagre					Agree	
ŀ	 I tend to bounce back quickly after hard times. 		1	-	2	3	4	5	
ŀ	 I have a hard time making it through stressful events 		5		4	3	2	1	
F	 It does not take me long to recover from a stressful et 		1		2	3	4	5	
F	4) It is hard for me to snap back when something bad		5		4	3	2	1	
L	happens.								
L	I usually come through difficult times with little trouble		1		2	3	4	5	
	I tend to take a long time to get over set-backs in my	life.	5		4	3	2	1	
┝	PLEASE CIRCLE THE ANSWER THAT SHOWS	blat true	Darah			0#		ue meanly	
	HOW TRUE EACH STATEMENT IS FOR YOU:	Not true at all	Rarely true		etimes ue	Ofter true		ue nearly the time	
	HOW TRUE EACH STATEMENT IS FOR YOU:	acan	uue	u u	ue	ude	an	the time	
H	1) I stay hopeful, even during stressful times.	1	2		3	4		5	
F	 I feel loved and supported. 	1	2		3	4		5	
1	 I ask for help when I need it. 	1	2		3	4		5	
٢	A I have healthy, trusting relationship(s).	1	2		3	4		5	
F	Choose healthy activities to decrease stress.	1	2		3	4		5	
F	I can find positive solutions to life's problems.	1	2		3	4		8	
	7) I like who I am.	1	2		3	4		5	
	I feel optimistic about my future.	1	2		3	4		5	
P	RT B Some physical health problems ca	an make	it diffic	cult to	func			vell.	
1	PLEASE CIRCLE THE ANSWER THAT FITS BEST:		Poor	Fair	Good	Go	bod	Excellent	
	 My overall physical health is 		1	2	3		4	5	
	My physical ability to do the tasks of everyday life is		1	2	3		4	5	
	3) My ability to function when I have physical pain is		1	2	3		4	5	
┝	 My overall mental health is My ability to stay positive when I am not feeling well is 		1	2	3		4	5	
┢	 b) My ability to stay positive when I am not feeling well is 6) My ability to function when Lam feeling sad or blue is 			2	3		4	3	
Ľ			1	-	Ŭ			•	
	In your life, have you ever h	had any e	experie	ence t	hat w	as so			
	frightening, horrible, or upset						r:		
	Had nightmares or thought about it when you did not		,	publ	Yes		No	Don't Know	
Æ	 Tried hard not to think about it or went out of your way 		uations t	hat				Don't Know	
V	reminded you of it?				Yes		No		
	Were constantly on guard, watchful, or easily startled				Yes		No	Don't Know	
	 Pelt numb from your feelings or detached from others. 	, activities or	r your		Yes		No	Don't Know	
	surroundings2				163				
s	usie Wiet, MD & Colleagues of TRC 10/2016 ©						Page 1	1 of 2	

Nar								
PAR	The following questions are about childhood experiences that may have have have before you were 18 years old.	peneo	1		1			
PI	LEASE CIRCLE THE ANSWER THAT BEST DESCRIBES YOUR EXPERIENCES (OR write in your total score	if you	ı prefe	r:)	1			
1)	Did you live with anyone who was depressed, mentally ill, or suicidal?	Yes	No	Don't Know				
2)	Did you live with anyone who was a problem drinker or alcoholic?	Yes	No	Don't Know				
3)	Did you live with anyone who used illegal drugs or who abused prescription medications?	Yes	No	Don't Know				
	Did you live with anyone who served time or was sentenced to serve time in a prison, jail, or other correctional facility?	Yes	No	Don't Know				
5)	Were your parents separated, divorced, one parent never involved OR lose a parent to death or abandonment?	Yes	No	Don't Know				
6)	Did you often feel that you did not have enough to eat, had to wear dirty clothes, had no one to protect you OR that your parents were not able to care for you due to their own struggles?	Yes	No	Don't Know				
7)	Did you often feel that no one in your family loved you, thought that you were important or special OR that your family didn't look out for each other, feel close or support each other?	Yes	No	Don't Know				
8)	In your home, did you ever see or hear domestic abuse (such as physical assaults or verbal threats) or were afraid to go home?	Yes	No	Don't Know				
9)	9) In your home, were you ever physically hurt, injured or threatened by anyone? (Do not include light spanking) Yes No Don't Know							
10	10) In your home, did anyone swear at you, insult you, or put you down? Yes No Don't Know							
	11) Did anyone ever touch you inappropriately (sexually) OR watch you bathe/undress that made you feel uncomfortable, embarrassed, or ashamed?							
12	12) Did anyone ever make you watch sexual acts (including pornography) OR try to make you Yes No Knor Knor							
13	13) Did anyone ever coerce or force you into having sex? Yes No Kr							
14	14) Were you bullied at school and felt unprotected? Yes No Dog							
15	15) Were you or your family ever homeless? Yes No Kno							
16	16) Were you often afreid to be outside because of violence in your community? No Rnd							
Do	o you ever wonder if any of the experiences listed above have affected your health today?	Yes	NO	Don't	1			
Do	o you want help to address any of the experiences listed above?	Yes	No	Don't Know				
	Were the questions on this form easy to understand? (If not, circle the questions that were not.) Yes No							
I feel it is appropriate for my care provider to know about my answers to these questions. Yes No								
	ease answer the following. (OPTIONAL)				Π			
	hat is your race? (c ircle all that apply) Asian Black Native American Pacific Islande hat is your ethnicity? Latino non-Hispanic Latino	Wh	ite	_				
What is your ethnicity? Latino non-Hispanic Latino How many mental health and physical health care providers do you currently have?								
What is your yearly household income? <\$15,000 \$15,000-40,0000 \$40,000-65,000 \$65,000-90,000 >\$90,000								
How many current physical health-related diagnoses do you have?								
	ow many medications are you currently prescribed?			_	$\left \right $			
	s an adult, how many times have you been hospitalized for your physical health?			-	$\left \right $			
	s an adult, how many times have you been nospitalized for your mental nearn? s an adult, how many times do you go to the emergency room for medical or psychiatric care in a	usual v	ear?		+			
	OMMENTS:	abual y	our:		1			



HOME ABOUT & ACE STUDY & DATA ADVERSITIES & RESILENCY RESOURCES & SOLUTIONS & CONTACT HESS

The Health Resiliency Stress Questionnaire© (HRSQ) provides a quick overview of a person's ability to tolerate and cope with stress, which is known to significantly affect their health. This tool was designed for busy primary care health clinics and is also valued by therapists, treatment centers, medical specialists, naturopaths, and other providers. The HRSQ identifies and quantifies resiliency skills (strengths), tolerance to stress, expanded Adverse Childhood Experiences (ACEs) and other experiences of trauma and/or violence. We know that such toxic stresses are highly associated with pro-inflammatory illnesses, which makes the HRSQ a very important tool for any practice. The HRSQ is an efficient (4-5 min), self-administered tool that can be completed in a waiting room, exam room, or at home. It can be used repeatedly to monitor improvement, in response to healing from the effects of ACEs and other toxic experiences. The future goal is to assist providers with treatment recommendations by stratifying which person may need what treatment recommendations with regard to the effects of trauma. Providers can register for the e-HRSQ and will receive and automated email with full description of their patient/client's responses. The data entered will be pooled and used to study the utility of this instrument. The data set and email responses are HIPPA compliant: only the numerical answer-scores, race, gender, and zip code are recorded, and none are required (all optional). This is an IRB-approved study.



HRSO-Provider Registration: Provider Registration-HRSO <u>atration:HRSQ</u> database (30 seconds) (this code that is internal to the clinic (e.g., Cit#1 or

> HRSQ Versions er version - HRSQ (without instruction er version - HRSQ (with instructions)



HRSQ informed consent (simplified) for patients/clients Feel free to use our simplified potient/client <u>informed consent (simplified)</u> to introduce your o

ACEsConnection Blog Article on HRSQ



Shout the TOC Meeting Information Contact



https:// trcutah.org/ hrsq





HRSQ-Provider Registration: Provider Registration-HRSQ

- Register on the Provider Registration-HRSQ database (30 seconds)
- Provide each patient/client with a code that is internal to the clinic (e.g., Clt#1 or Dr.S's#2. chocolate3, etc.).
- Provider receives automated results by email; then provider/staff match the clinic-generated code present on the upper left corner of the HRSO result to the correct chart



Scoring and Suggestions

Click here for details on how to score the pdf versions. This same information will be attached to the e-HRSQ result that is sent to the provider's designated email

SCORING AND SUGGESTIONS

HRSQ informed consent (simplified) for patients/clients

Feel free to use our simplified patient/client informed consent (simplified) to introduce your client/patient to the HRSO.

ACEsConnection Blog Article on HRSQ

If you would like to learn more about the history and development of the HRSQ, click the button below. You will see how this instrument is the result of a truly collaborative effort and without funding.

ACES CONNECTION ARTICLE: HRSQ

PROVIDER REGISTRATION

- •Paper version HRSQ (without instructions)
- Paper version <u>HRSQ (with instructions)</u>
- Electronic version <u>e-HRSQ</u> (HIPAA compliant)



Health Resiliency Stress Questionnaire (HRSQ)

Search HRSQ $\label{eq:search}$	Current Folder 🔻	Health-Resiliency-Stress C
All Unread By [Date ✔ ↓	
hrsqresults@gmail.com Health-Resiliency-Stress Question	Tue 1/21	HQ Health-Resiliency-Stress Qu To swiet@susiewietmd.com
✓ Two Weeks Ago		e-RP.pdf PDF 74 KB
Health-Resiliency-Stress Health-Resiliency-Stress Question Patient Code: GG	0 → 1/13/2020	Patient Code: RP Age: 24 Gender: Male
✓ Three Weeks Ago		Zip Code: 84062
Health-Resiliency-Stress Health-Resiliency-Stress Question Patient Code: MS	0	Unique ID: TOTAL HRSQ Risk-Value Score: Moderat - The HRSQ team
✓ Last Month		
Health-Resiliency-Stress Health-Resiliency-Stress Question Patient Code: BG	∂ → 12/31/2019	

Health-Resiliency-Stres

11	
	TRAUMA-
	RESILIENCY
	COLLABORATIVE

Questionnaire	PatientID: RP					
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- 1	Health-Resiliency-Stress Que	stionna	aire (H	HRSQ)		
-1- (2)	Provider: swiet@susiewietmd.com Patient Code: RP Age: 24 Gende	r: Male				9/12/2019 de: 84062
ate (3)	Tallell Gode. I Age. 27 Gelde					
	Part A	TOTA	LHRSQI	Risk-Value	Score: M	oderate (3)
	We each have our own ways to cope in life a	nd get thr	ough di	fficult time	es.	
	PLEASE CHOOSE THE ANSWER THAT SHOWS HOW TRUE EACH STATEMENT IS FOR YOU:	Strongly Disagree	Disagre	e Neutral	Agree	Strongly Agree
	1) I tend to bounce back quickly after hard times.	Disagree		3		Agree
	2) I have a hard time making it through stressful events.			3	_	-
	3) It does not take me long to recover from a stressful event.		-	3	-	-
_	4) It is hard for me to snap back when something bad happens.	-	-	-	2	-
	5) I usually come through difficult times with little trouble.	-	2		-	-
	6) I tend to take a long time to get over set-backs in my life.	-	-	3	-	-
	PLEASE CHOOSE THE ANSWER THAT SHOWS HOW TRUE EACH STATEMENT IS FOR YOU:	Not true at all	Rarely true	Sometimes true	often true	True nearly all the time
	1) I am hopeful about life in general.	-	-	3	-	-
	2) I feel loved and supported.	-	-	-	-	5
	3) I ask for help when I need it.	-	-	-	4	-
	4) I have healthy, trusting relationship(s).	-	-	-	-	5
	5) I choose healthy activities to decrease stress.	-	2	-	-	-
	6) I can find positive solutions to life's problems.	-	-	-	4	-
	7) I like who I am.	-	-	-	-	5
	8) I feel optimistic about my future.	-	-	-	4	-
	Part B					
	Some physical health problems can make it o	difficult to	functior	n or feel w		
	PLEASE CHOOSE THE ANSWER THAT FITS BEST:	Poor	Fair	Good	Very Good	Excellent
	1) My overall physical health is	-	-	3	-	-
	My physical ability to do the tasks of everyday life is	-	-	-	4	-
	3) My ability to function when I have physical pain is	-	-	-	4	-
	4) My overall mental health is	-	2	-	-	-
	5) My ability to stay positive when I am not feeling well is	-	-	-	4	-
	My ability to function when I am feeling sad or blue is	-	2	-	-	-
	Part C			lota	A+B: Mo	derate (67)
	In your life, have you ever had any experience that was so fr past month, you:		, horribl	e, or upse	etting the	at, <i>in the</i>
	1) Have had nightmares about it or thought about it when you did not	want to?		-	No	-
	2) Tried hard not to think about it or went out of your way to avoid situat reminded you of it?	ations that		-	No	-
	3) Were constantly on guard, watchful, or easily startled?			-	No	-
	4) Felt numb or detached from others, activities or your surroundings?			Yes	-	-
				Т	otal C: No	rmative (1)

Part E 1) Do you werr wonder if any of the experiences listed above have affected your health today? Yes 2) Do you want help to address any of the experiences listed above? Yes 3) I feel it is appropriate for my care provider to know about my answers to these questions. Yes Suggestions Part C a score of 3 or more: • Is a positive screen for PTSD and should be followed-up with additional assessment for the dite. • Is a positive screen for PTSD and should be followed-up with additional assessment for the dite. • Recognize and validate • Recognize and validate • Recognize and validate • Suggested statement. "It looks like you have had a/some (overwhelming) experiences across that should nerve have happened to you or anyone. These kinds of experiences can affect ou physical and mental health, so I am grateful that you have shared this information. Learning an upditing resilience ysitils can have a very big and positive impact on our health." • Self-heip APA Heip Center Resilience • Very significant risk for adverse health outcomes • Very significant risk for adverse health outcomes	3) Did you tive with anyone who used illegal drugs OR who abused prescription - N 4) Did you live with anyone who served time or was sentenced to serve time in a prison, all, OR other correctional facility? - N 5) Did you often rearts separated, divorced, one parent never involved, OR lose a parent to death or abandonment, including foster care or proctor care placement? - N 6) Did you often feel that you din on thave enough to eat, had to wear dirty clothes, had no one to protect you? - N 7) Did you often feel that your parents were not able to care for you due to their own protect you? - N 9) Did you often feel that your parents were not able to care for you due to their own protect you? - N 9) Did you often feel that your parents were not able to care for you due to their own protect you? - N 9) Did you often feel that your family didn' look out for each other, feel close or you other feel that you aver see or hear domestic abuse (such as physical saustic or verbal threats)? - N 10) hour home, did anyone do any of the following: severa at you, insult you, insult you, hamiliate you. Son you down? - N 11) Ih your home, did anyone do any of the following: severa at you, insult you, insult you, parking what heaval atter is that made you feel unconforable, embarrassed, or ashamed? - N 12) Did anyone ever rouce NG force you into having sex?	· · · · · · · · · · · · · · · · · · ·		-	No
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For more information about the effects of trauma on health: Google ACEs and CDC CDC Aces Study		 Very significant risk for adverse health outcomes 			

	Risk	Pilot Study Suggestions for the Provider		e-HRSQ	The following are simply a place to start with resources for educating patients/clients about how they may be able to take a more active role in their health. These are NOT medical interventions and are NOT meant or intended to replace clinical judgment, clinical monitoring,
Score	Category	The following are suggestions to help providers sime	oly start a clinically relevant and emotionally validating		role in their health. These are NOT medical interventions and are NOT meant or intended to replace clinical judgment, clinical monitoring, or clinical treatment. Empowering the patient/client typically enhances commitment to health, wellness and recovery from any disease
		conversation with a client/patient.	by start a clinically relevant and emotionally valuating		process or pathology, which has been well-documented in scientific literature. The provider may want to explore these links to make a
					good-fit recommendation to clients/patients. Providers may add to or delete from this list, as they see fit for their practice.
			eplace other pertinent clinical judgment, clinical monitoring,		Any person using this list, whether that includes the referring provider or the person who received the referral, shall hold harmless the
			with known disease process or pathology that can arise from		author and collaborators of the Health Resiliency Stress Questionnaire (HRSQ). This list was compiled in good faith for the betterment of
		unresolved states of traumatic experiences, which h	as been well-documented in scientific literature.		health for humanity. Education: why building resiliency is important and possible, even in the face of trauma
		The provider may want to review these recommend	ations to make a good-fit treatment plans for clients/patients.		ACES too high: ACESTOOHigh Blog
		Providers may add to or delete from this list, as they			 ACEs video (3 min, Academy on Violence and Abuse) ACEs-Health Video
					 American Academy of Pediatrics (Toxic Stress and Resiliency Project): Toxic Stress-Resiliency (Am Acad Peds)
			cludes the care provider or the patient/client, shall hold		 CDC's website on ACES: <u>ACEs-CDC</u>
			Resiliency Stress Questionnaire (HRSQ). This list was compiled nity and to provide information about the deleterious health		Improving resiliency: helps to give structure about how to improve resiliency skills
		risks that are correlated with a history of adversity a			StopStress.com Desilier of the face of the set
7-10	Extreme	SUGGESTED RESPONSE:	UNIVERSAL SCREENING CONSIDERATIONS		<u>Resiliency Skill-Set (In the Face of Adversity)</u> Affirmations - Resiliency Skills (Mayo Clinic)
		"I can see from your answers that you have	Screen for suicide		Road to Resilience (APA)
		really gone through a lot that no one should	 Safety plan agreement or referral to higher level 		Positive affirmations: helps to reshape pathways in the brain associated with health and well-being
		have to experience. And I also see that you are	of care, if unable to contract for safety		Positive Affirmations List (Life-Huffington Post)
		really struggling right now. Thank you for being	 Screen for addiction and safety/reduction plan 		Positive Affirmations Resource (Louise Hay)
		so honest, which helps me to better understand you and things to consider about your health."	agreement PRN ◦ AUDIT- <u>C:</u>	patient	Trauma-focused guided meditation: can help to shift thoughts into a more peaceful state
		you and things to consider about your health.	 AUDIT-<u>C.</u> https://www.integration.samhsa.gov/image 	panorn	Guided Meditation - Letting Go of Grief (<u>Bellaruth Naperstek</u>)
			s/res/tool auditc.pdf		Guided Meditation - Healing Trauma Recovery Guided Meditation - Mindful Peace
5-6	High	SUGGESTED RESPONSE	 DAST-10: http://www.sbirtoregon.org/wp- 		Building mindfulness, health and wellness: skills that increase the mind-body connection are associated with improving overall
	Ŭ	"I can see from your answers that you have	content/uploads/DAST-English-pdf.pdf		health
		gone through a lot that no one should have to	contenty uploaday DAST-English-put.put		o Positive Affirmations (Louise Hay)
		experience. And, I also see that you are having	MEDICAL CONSIDERATIONS		Nutrition for Recovery (Alliance for Addiction Solutions)
		some struggles right now. Thank you for being	 Office follow-up visit: within 1 week (for Extreme) 		Movement - Tai Chi and Qi Gong (NCCIH-NIH)
		so honest, which helps me to better understand you and things to consider about your health."	and 1-2 weeks (for High), or sooner PRN if no access		Sleep Meditation (Renegade Pharmacist)
		you and timigs to consider about your neutrit.	to mental health provider	provider	Emotional regulation: grounding skills are associated with improving overall health Grounding Techniques - self-help for PTSD (Anxiety BC)
3-4	Moderate	SUGGESTED RESPONSE	 if available: introduce patient to the primary 	provider	Grounding Techniques - self-neip for PTSD (Anxiety BC) Start an emotions journal
		"I can see from how you answered this that you	integration team during visit or refer to treatment with a mental health provider or case		Connection
		have some really good ways to cope with stress.	management		Connection to others (Net Family News)
		I also see that you are having some struggles	 further assessment for PTSD and/or other 		Make Stress Your Friend (TED Talk-Kelly McGonigal)
		now that may be related to things that	mental health disorders		Deep restorative breathing
		happened to you that should never happen to anyone. Thank you for being so honest, which	 further assessment for addiction 		Breathing for relaxation (Yoga Journal)
		helps me to better understand you and things to	 SBIRT: 		o Breathing techniques (J Shakeshaft)
		consider about your health."	https://www.integration.samhs		Tapping:
		-	a.gov/clinical-practice/sbirt		Tapping graphic (Therapeutic Grace) Tapping demonstration (The Tapping Solution)
1 – 2	Low	SUGGESTED RESPONSE	 consult with psychiatrist or APRN PRN Monitor closely for chronic health disorders due to 		Crisis hot-lines and links:
		"I can see from how you answered this	 Monitor closely for chronic health disorders due to pro-inflammatory states and as associated with the 		 Suicide prevention (Utah): 1-800-273-8255 (also chat available): Suicide Prevention Resources.
		questionnaire that you have some really	ACEs: CDC and ACEs		Suicide Prevention CHAT: CHAT
		excellent ways to cope with stress and that you are not having too many struggles about your	IF AVAILABLE: referral into intensive medical group		 Domestic violence shelters: 1-800-799-7233 or <u>The National Domestic Violence Hotline</u>
		health. I do see that you've had some (minor,	visit program, if available (e.g. Complete Health		 UTAH "warm-lines" for mental health crises (UTAH ONLY): 801-587-3000
		really significant) experiences in life that don't	Improvement Program;		National Alliance for Mental Illness (NAMI) contact information o Local: 801-323-9900
		seem to cause grief for you now. Thank you for	https://www.chiphealth.com/) OR group medical visit		o Toll-free: 877-230-6264
		being upfront, which helps me to better	(health and wellness)		 UTAH Peer support groups by NAMI (for mental illness): UTAH resources (NAMI)
		understand you and things to consider about			Addiction-Recovery meetings (e.g. 12-Step, Rational Recovery, Refuge Recovery, ect.)
		your health."	RESILIENCY SKILL-BUILDING See Self-Help Suggestions and provide information to		o Local: Community Recovery Meetings Locator
			resources accordingly	TRAUMA-	 National (on-line meetings): <u>On-Line 12-Step</u>
				RESILIENCY	o UTAH ONLY: Meeting Schedule at USARA
				COLLABORATIVE	susie
		THERE	/2016, updated 2/2019. Copyrighted, all rights reserved HRSQ® Page 3 of 4	COLLADORATIVE	Intellectual Property of Susie Wiet, MD & Colleagues of the TRC www.TRCUtah.org 10/2018, updated 2/2019. Copyrighted, all rights reserved HRSQ®
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WRAP-UP

- Neurobiology of balance and survival
 regulation and reward pathways
- 2) Neurobiology of distress and escape
 - Dysregulation and addiction pathways
- 3) Pathways to resolution and restoration
 - emotional mastery through restoration of the regulation pathway
 - resiliency through the recovery pathway



There is no greater agony than bearing an untold story inside you.

-Maya Angelou



