



Katlyn's  
Healing Center

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# Why We Need a Healing Movement

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# Presentation Outline

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The main points covered in this presentation are:

- Research shows that childhood and adult trauma and adversity are the leading causes of mental illness, substance dependence, and other chronic diseases.
- Most people who need help to recover from the effects of trauma and adversity do not seek it out due to stigma and shame.
- For those who do seek help, the services and supports needed to heal from these experiences are not well-understood nor readily available.
- We need a *“Healing Movement”* to: 1) connect with those who suffer from the effects of trauma and adversity by helping them overcome stigma and shame, and 2) offer free services and supports to facilitate their healing.



# Why Address the Effects of Trauma and Adversity?

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The U.S. Substance Abuse and Mental Health Services Administration (SAMHSA) states<sup>1</sup>:

- *“Trauma is a widespread, harmful and costly public health problem. It occurs as a result of violence, abuse, neglect, loss, disaster, war and other emotionally harmful experiences. Trauma has no boundaries with regard to age, gender, socioeconomic status, race, ethnicity, geography or sexual orientation.”*
- *“It is an almost universal experience of people with mental and substance use disorders. The need to address trauma is increasingly viewed as an important component of effective behavioral health service delivery.”*



# Research on Childhood Trauma and Adversity

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- The largest study ever on the effects of trauma, called the [Adverse Childhood Experiences \(ACEs\) study](#), was conducted by the CDC and Kaiser Permanente in the late 1990s on over 17,000 patients and has since been repeated on over 440,000. The study asked patients if they had experienced ten different types of childhood adversity/trauma, such as sexual, physical or emotional abuse, and totaled an ACE score from 0 to 10 for each patient.
- The results showed that two-thirds of patients had experienced one or more types of childhood adversity and that major public health problems, such as depression, addiction, obesity, heart disease and cancer, increased directly with increasing ACE score. For example, at an ACE score of 4 or more, patients were twice as likely to smoke, 7-times more likely to be an alcoholic, 10-times more likely to inject drugs, and 12-times more likely to attempt suicide.



# 1st Obstacle to Addressing the Effects of Trauma

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Most people who need help to recover from the effects of trauma and adversity do not seek it out because of the shame and stigma associated with their experiences and the resulting psychological effects on them (e.g., addiction, depression, or other mental illness) or due to fear of retribution/victim blaming. Instead, they most often suffer in silence and seek out some form of pain relief. Supporting data:

- 3 of 4 sexual assaults go unreported. See [“#MeToo”](#) Blog for supporting info.
- Half of domestic violence incidents are not reported (NCJRS).
- 89% of those who need substance use treatment do not receive it (SAMHSA).
- 57% of those who need mental health treatment do not receive it (SAMHSA).



# 2nd Obstacle to Addressing the Effects of Trauma

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Those who do seek help are often unsuccessful because behavioral health treatment methods can only provide part of what's needed to recover from the effects of trauma and adversity. Supporting data:

- Science/research on trauma recovery (*Trauma and Recovery*, J. Herman, 1992); See summary on next slide.
- SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach, (July 2014). They provide a list of fundamental principles to facilitate healing from traumatic experiences. See summary on slide 8.
- See "[Substance Dependence](#)" Blog for other supporting info.



# What's Needed to Heal from Trauma?

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- Dr. Judith Herman<sup>2</sup> - *“The core experiences of psychological trauma are disempowerment and disconnection from others. Recovery, therefore, is based upon empowerment of the survivor and the creation of new connections. Recovery can take place only within the context of [loving] relationships; it cannot occur in isolation.”*
- *“Recovery unfolds in three stages. The central task of the first stage is the establishment of safety.”*
- *“No intervention that takes power away from the survivor can possibly foster her recovery, no matter how much it appears to be in her immediate best interest.”*



# SAMHSA Provides Trauma-Informed Guidance<sup>1</sup>

The U.S. Substance Abuse and Mental Health Services Administration (SAMHSA) states that, *“six key principles fundamental to a trauma-informed approach include:”*

1. *“Safety: ...interpersonal interactions promote a sense of safety.”*
2. *“Trustworthiness and Transparency: ...building and maintaining trust with clients...”*
3. *“Peer Support: ...Peer support and mutual self-help are key vehicles for establishing safety and hope, enhancing collaboration, and utilizing their stories and lived experience to promote recovery and healing.”*
4. *“Collaboration and Mutuality: ...healing happens in relationships and in the meaningful sharing of power and decision-making.”*
5. *“Empowerment, Voice and Choice: ...Clients are supported in shared decision-making, choice, and goal setting to determine the plan of action they need to heal and move forward.”*
6. *“Cultural, Historical, and Gender Issues: ...responsive to the racial, ethnic and cultural needs of individuals served; ...and addresses historical trauma.”*





# 3rd Obstacle to Addressing the Effects of Trauma

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Behavioral health treatments have increased emphasis on symptom relief, which has led to dramatic increases in the use of psychoactive drugs (e.g., antidepressants, anxiety meds, MAT), while the underlying problems often worsen. Supporting data:

- The overall use of antidepressant medication has **increased by a factor of SIX** in just 20 years (CDC). See [“Mental Illness”](#) Blog for other supporting info.
- One in six U.S. adults (16.7%) take some form of psychiatric drugs (JAMA).
- Drug overdose deaths increased 9.6% in 2017 (now over 3 times the rate in 1999) with a **record 70,237 American lives lost** (CDC), despite large increases in related treatment expenditures.
- Suicide rates increased 3.7% in 2017 (33% increase since 1999) with a **record 47,173 lives lost** and no indication that the trend is changing (DHHS/CDC).



# Experts on Trauma and Treatment

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**SAMHSA<sup>1</sup>**: *“Research has indicated that with appropriate supports and intervention, people can overcome traumatic experiences... [i.e. Healing is possible.] However, most people go without these services and supports... Unaddressed trauma significantly increases the risk of mental and substance use disorders and chronic physical diseases.”*

**Martin Seligman<sup>4</sup>**: *“The first dirty little secret of biological psychiatry [i.e. prescription drugs] and of clinical psychology [i.e. therapy] is that they both have given up the notion of cure.”* He further states that even in addressing only symptoms, *“Almost always, the effects are what is technically called ‘small.’”* For example, *“... in half the studies on which the U.S. Food and Drug Administration based its official approval of antidepressant drugs, there was no difference between placebo and drug.”* [i.e. Therapy and drugs are not healing.]



# Impact of Treating Symptoms Versus Healing

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- When we medicate away the pain that tells us we have a problem with our environment or experiences, we remove the natural incentive to solve it.
- Without the pain, we can better withstand environments and experiences that are harmful to us, and the situation often worsens.
- The negative physical effects of emotional suffering (i.e. increased risk of cancer, heart disease, obesity, autoimmune diseases, etc.) remain.
- *“Exaggerated claims of treatment effectiveness can have undesirable consequences for patients, for therapists, and for science. Patients who fail an ‘effective’ treatment may feel even more hopeless. This increased despair may be extremely deleterious in people with such life-threatening habits.”*  
(Project Match study, see Substance Dependence blog)



# Summary of Trauma Impact => Rising Healthcare Costs + Rising Societal Costs,... while the Problem Worsens

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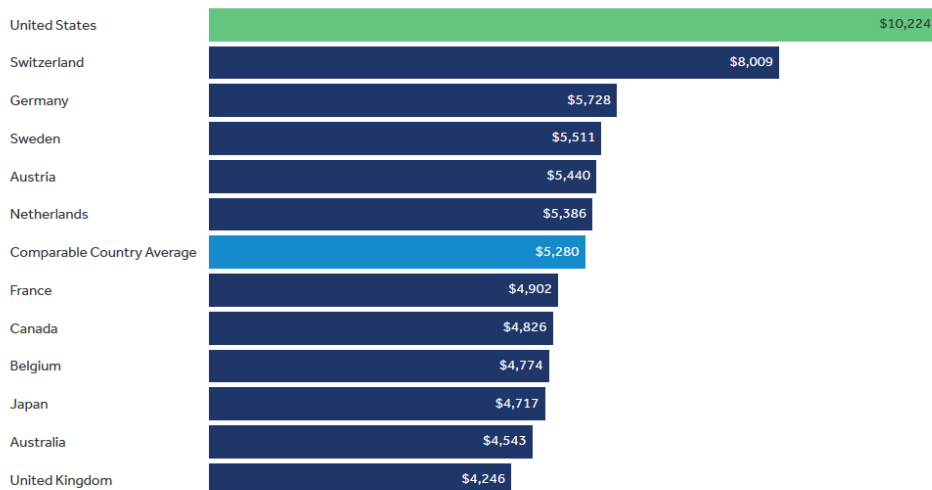
- The U.S. spent an estimated \$201 billion on mental disorders in 2013, exceeding those of all other medical conditions (Health Affairs).
- SAMHSA estimates expenditures for mental and substance use disorders will rise to \$280.5 billion in 2020 (~40% increase from 2013).
- Substance misuse in N.H. costs \$2.3 billion in lost productivity and earnings, healthcare costs, public safety and criminal justice expenditures. This is \$1,780 per resident and more than 3% of the State's GDP (Polecon Research, 2017), with healthcare costs less than 15% of this total (\$337 million).
- Societal costs related to substance misuse in N.H. are 6-7 times greater than healthcare costs, and this is just one of the health effects of ACEs/trauma.



# Relative U.S. Healthcare Expenditures

On average, other wealthy countries spend about half as much per person on health than the U.S. spends

Health consumption expenditures per capita, U.S. dollars, PPP adjusted, 2017



The US value was obtained from the 2017 National Health Expenditure data

Source: KFF analysis of data from National Health Expenditure Accounts and OECD • [Get the data](#)  
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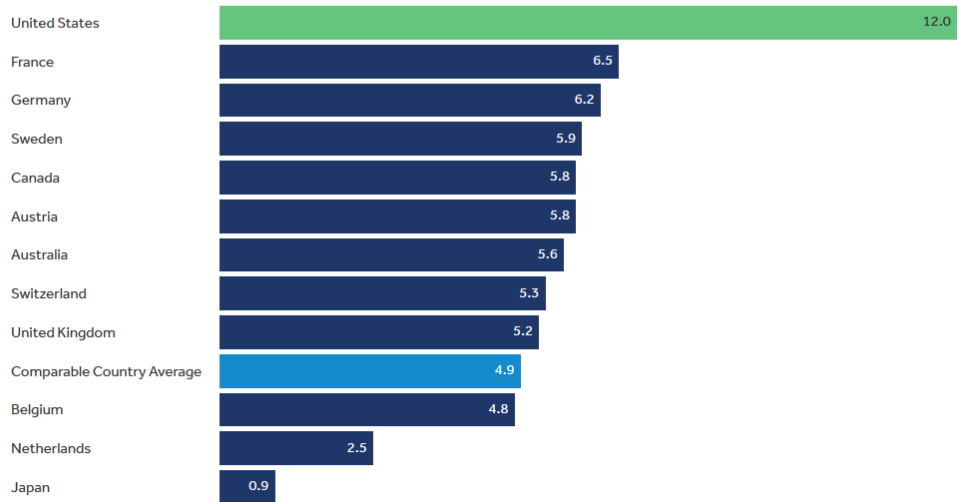
Peterson-Kaiser  
Health System Tracker

The U.S. healthcare expenditure per person is **1.9 times** the Comparable Country Average.

# Relative U.S. Death Rate from Mental Illness/SUD

Among comparable countries, the U.S. has the highest rate of death from mental health and substance abuse disorders

Age standardized death rate per 100,000 population due to mental health and substance use disorders, both sexes, 2015



Source: Kaiser Family Foundation analysis of data from Institute for Health Metrics and Evaluation, Global Burden of Disease Study 2015 (GBD 2015) Data Downloads (Accessed July 27, 2017) • Get the data • PNG

Peterson-Kaiser  
Health System Tracker

The U.S. death rate from mental health and substance use disorders is **2.4 times** the Comparable Country Average.

# Impact of ACEs/Trauma Has Been Known for Decades: What Are We Missing?

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The leading ACEs researcher at the CDC, Dr. Robert Anda, *“realized that they had stumbled upon the gravest and most costly public health issue in the United States: child abuse. He had calculated that its overall costs exceed those of cancer or heart disease and that eradicating child abuse [and neglect] in America would reduce the overall rate of depression by more than half, alcoholism by two-thirds, and suicide, IV drug use, and domestic violence by three-quarters. It would also have a dramatic effect on workplace performance and vastly decrease the need for incarceration.”*<sup>3</sup>

- These conclusions were made 20-years ago (1998), yet the impact of ACEs (i.e. related healthcare costs and societal costs) has only worsened.
- Reducing child abuse/neglect is a worthy goal, but the cause of ACEs is that adults who suffer from ACEs pass them to their children (and 6 of 10 ACEs are legal).
- Therefore, the most important question is how to promote healing from the effects of trauma/ACEs in adults, especially when most survivors are not seeking help (i.e. they don't want to talk about it, they just want pain relief.)



# Call to Action by ACEs Study Authors

To view the video, click on the hyperlink below. When the video is complete, return to the PDF presentation.

[https://www.youtube.com/watch?v=v3A\\_HexLxDY](https://www.youtube.com/watch?v=v3A_HexLxDY)





# Notable Comments from ACEs Study Authors

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Robert F. Anda, MD, MS (CDC): *“When people tell you the truth about their lives, and you listen, you understand their life course.”*

Vincent J. Felitti, MD (Kaiser): *“It’s made me realize how much of what we see in adult medicine is the result of what was present but not seen in pediatrics.”*

David F. Williamson, PhD (Emory Univ.): *“It’s not just a social worker’s problem, it’s not just a psychologist’s problem, it’s not just a pediatrician’s problem, it’s not just a juvenile court judge’s problem, it’s everybody’s.”*

Robert F. Anda, MD, MS (CDC): *“I believe that this is the most important thing you can ever do, which is to begin to deal with this intergenerational transmission of adversity that causes so many problems in our society.”*



# How Could We Provide What's Needed to Facilitate Healing from the Effects of Trauma/ACEs?

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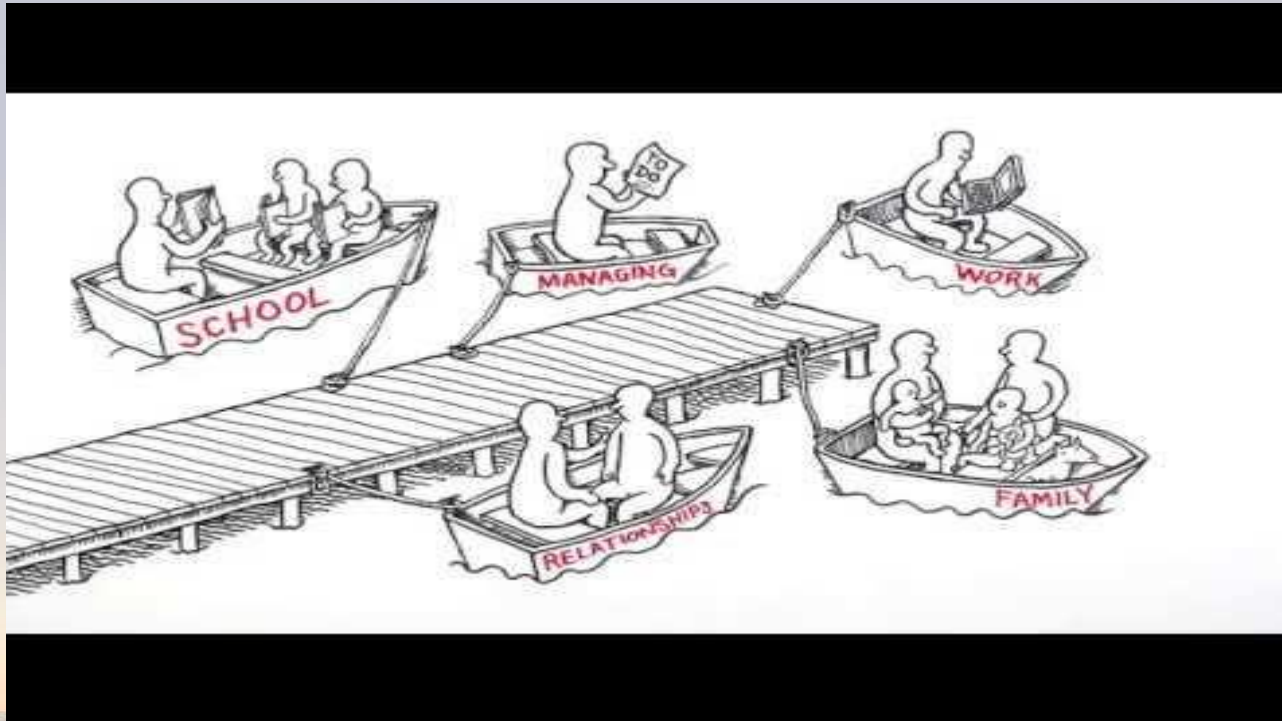
- 1. Follow the science and latest research on trauma recovery from sources like:**
  - *Trauma and Recovery*, Judith Herman, MD
  - *SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach*
  - *Center on the Developing Child* at Harvard University
- 2. Next, consider how trauma survivors feel and what they need to overcome the obstacles of stigma and shame, and their lack of trust in people and the system.**
- 3. Next, consider how to best provide the Safety, Connections, and Empowerment that survivors need to heal their emotional wounds.**



# Healing from Trauma by Re-Building Capabilities

To view the video, click on the hyperlink below. When the video is complete, return to the PDF presentation.

<https://www.youtube.com/watch?v=6NehuwDA45Q>



# Building Core Capabilities Review

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- People who have experienced childhood and/or adult trauma often lack much of the core capabilities for intentional decision making (agency), through no fault of their own. **This is why recovery from the effects of trauma and adversity (e.g., addiction) is so difficult for survivors.**
- The brain's reaction to trauma and stress is automatic, to help ensure our survival. It is **normal for survivors to be stuck** in this fearful, reactive mode, with less capability for intentional decision making.
- However, intentional capabilities can be developed or restored later in life with intentional actions and experiences. ***“Stronger brain circuits are built through practice in situations that matter.” [i.e. Healing is possible.]***



# Oprah on Healing from Childhood Trauma

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*To view the video, click on the hyperlink below. When the video is complete, return to the PDF presentation.*

<https://www.youtube.com/watch?v=dF20FaQzYUI>



# Oprah's Perspective as a Trauma Survivor

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- After Dr. Bruce Perry states that the ability to overcome traumatic childhood experiences comes down to something simple, *“relationships,”* Oprah cuts to the heart if it; *“What he really means is love. He's a scientist. He's not going to use the word 'love.' But it really is about how you are responded to, valued, trusted and loved by those around you.”* [i.e. **Healing is possible.**]
- The most important question to ask people who have gone through trauma is not, *“What's wrong with you?”* but, *“What happened to you?”*
- *“It is my hope that our story on trauma-informed care will not just be impactful but **will also be revolutionary.**”*
- *“This story was life-changing for me. This story had more impact on me than practically anything I've ever done.”*



# Objectives of Our Healing Support Program

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The primary objectives of our Healing Support Program is to help facilitate healing from the effects of trauma and adversity for survivors who need help to recover, but:

- **Avoid treatment due to stigma, shame, or fear of retribution (i.e. want to keep their experiences in secret.)**
- **Lack access to treatment due to limited financial resources or non-availability in their area.**
- **Have been unsuccessful with other treatment approaches (i.e. experienced relapses, treatment resistance, extended/prolonged need for symptom relief/medication).**



# Objectives of Our Healing Support Program (2)

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The secondary objectives are to:

- Provide healthcare professionals with an option they could offer to clients that would improve treatment outcomes for those affected by trauma and adversity.
- Provide other care professionals such as social workers and peer-support workers with an option they could offer to clients to help address the effects of trauma and adversity.
- Raise general awareness about the pervasiveness of trauma and adversity, the resulting health impacts, and the conditions needed to facilitate healing from their effects to help promote community support.





# Features of Our Healing Approach

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- **Based on science** and latest research on healing from the effects of trauma.
- **Educational in nature. Teaches science and best practices but is non-prescriptive.** Clients are encouraged to choose what works best for them based on their individual circumstances and experience (i.e. empowerment).
- **Proven in practice with a wide range of clients** (i.e. from non-profit organization staff members to their most challenging clients).
- **Offered for free, online, which removes most barriers to access.** Therefore, has potential to reach the majority of those who are suffering from the effects of trauma but not looking for professional medical help.



# Features of Our Healing Approach (2)

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- **Facilitates healing** (i.e. designed to be curative) for the effects of trauma, thereby reducing or eliminating the need for sustained or long-term healthcare treatments.
- **Has the potential to significantly reduce healthcare costs and social costs** associated with addiction, mental illness, domestic violence, crime, courts, incarceration, unemployment, social services, and child abuse/ACEs.
- **Healing approach is self-replicating because many of those who have healed will look to connect with and support others in need of healing** (i.e. “*survivor mission*”). Because the Program produces an educated and motivated peer-support population, there’s no need to hire and train new support workers.



# Features of Our Healing Approach (3)

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- **Empowers a large, untapped resource to promote healing of others** once we provide survivors with the resources they need to heal. Trauma survivors are among the strongest people, particularly after they recover (e.g., Oprah).
- **Suitable for individuals or groups** (online Program structure/content is designed for use by both individuals and support groups).
- **Results are measured** with pre-screening and post-evaluation surveys to enable Program monitoring and improvement.
- **Experience to date has been extremely positive**; over 50% of clients who attended a Healing Workshop informational briefing decided to attend, with over 90% of them completing it. [Workshop feedback](#) has been uniformly positive.
- **The Program is ready to go without further investment, other than help in spreading the word regarding its availability.**



# How Do We Spread the Word?

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In order to best reach those survivors who are not seeking help because of stigma and shame (i.e. the majority), two things are required:

- Broad public campaign to raise awareness about the prevalence and effects of trauma/adversity, and to **let survivors know that healing is possible** (because they often feel broken and hopeless).
- **Provide survivors with healing help and support privately and without disclosure (so their secrets are safe), online (where they can feel safe) and for free (to remove any financial barriers).**



# Why We Need to State that “Healing is Possible”

**Nothing worked for my depression — until I tried meditation**

By Keri Wiginton

By Keri Wiginton February 26 at 8:00 AM



See Reference 5

*“How I Healed: Talk therapy was a bust... psychoanalysis never eased my symptoms... I decided to try meditation when pharmaceuticals let me down.”*

*“This breakthrough was huge. I had been clinically depressed for more than 15 years. I thought this disorder would last forever. No one had ever suggested that I could change these thought patterns that made me worried and anxious.” [i.e. Most survivors and healthcare providers don’t know that healing is possible.]*



# How Do We Provide Safety?

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- Many survivors do not feel safe to go out of their home or are under the observation/control of an abuser, so that seeking outside help may not be a realistic option. This obstacle could be reduced with an online approach.
- Many survivors do not currently have access to resources needed to feel safe, such as secure food, housing or healthcare. This is a major obstacle to healing.
- In order to facilitate healing, communities and governments need to re-envision how to provide these resources to survivors in areas where they are unavailable or insufficient (i.e. capacity does not match the need).
- Providing adequate social services/safety net for survivors is an essential part of facilitating their healing, and research shows they easily pay for themselves.



# How Do We Make the Connection?

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Establishing a connection to someone who is suffering from the effects of trauma and adversity requires the right:

- **Message** – that shows compassion and understanding to help them overcome fear, stigma, blame and shame.
- **Messenger** – who is authentic, trustworthy, and empathetic and who has already begun the healing journey (i.e. you would not hire a guide for a difficult journey who had never made the trip). Oprah is a perfect example.

*\*This is why peers who have made progress on the healing journey are the most powerful resource for establishing connections to promote the healing of others.*



# Example of the Right Messenger

To view the video, click on the hyperlink below. When the video is complete, return to the PDF presentation.

<https://www.youtube.com/watch?v=1Evwgu369Jw>



*“Empathy is feeling with people.”*


*“Empathy is a vulnerable choice because in order to connect with you, I have to connect with something in myself that knows that feeling.”*






# Example of the Right Message

It's not your fault.  
You deserve to heal.  
For #MeToo, substance dependence,  
depression or anxiety...



Healing is possible.  
Help and support is  
available online for free.  
Please just try it.

Start Healing at [katlynshealingcenter.org](https://katlynshealingcenter.org)

 Katlyn's  
Healing Center

This simple message, on a 4 x 6-inch sticker, was designed with the help of Healing Workshop clients to help reach others like them.

Our clients have been putting the stickers inside bathroom stalls.

# How Do We Provide Empowerment?

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- The first step of empowerment is education so survivors can understand what happened to them and what's required to heal (i.e. **knowledge**).
- Survivors also need to learn proven healing skills and self-care practices such as mindfulness, journaling, and intention setting/planning, so they can be in control of their own healing progress (i.e. **agency, choices**).
- Survivors need **resources and opportunities** to feel empowered, such as access to training or jobs with enough earning potential to meet their basic needs.
- In order to facilitate healing, communities and governments need to re-envision how to bring these **resources and opportunities** back to areas where they have been displaced or are insufficient.



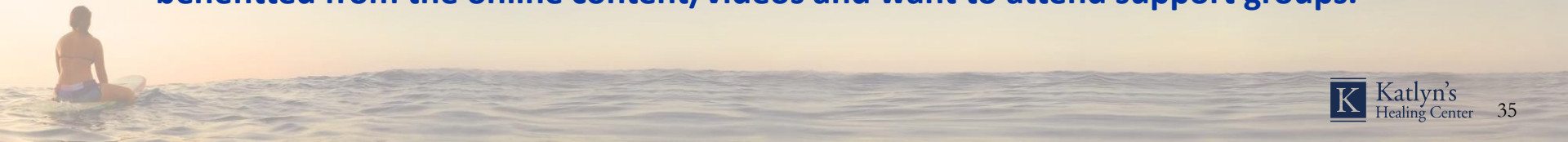
# Could an Online Solution Designed for Individuals and Peer-Led Support Groups Really Work?

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The following data suggests why this approach is plausible:

- Every month, 74 million unique people go to WebMD for free health information (*comScore Media Matrix, December 2015*).
- The Global “eLearning” market was estimated at over \$165 Billion in 2015. The U.S. market was estimated to be over \$27 Billion at the end of 2016.
- A 2018 survey found that 85% of U.S. internet users watched online videos.
- The U.S. volunteer rate was 24.9% in 2015. About 62.6 million people volunteered through or for an organization at least once. (U.S. BLS)

**\*We’ve had positive feedback from previous clients who have used our online program to facilitate healing support groups, and from new clients who have benefitted from the online content/videos and want to attend support groups.**



# Benefits of Peer Groups and Peer Support

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Dr. Judith Herman<sup>2 (2015)</sup> - *“Treatment outcome research until now has mainly focused on individual psychotherapy. Yet group therapy has shown great promise for trauma recovery because groups can offer such a powerful antidote to the shame and social isolation that afflict trauma survivors. By offering a safe and relatively structured context for peer relationships, groups provide survivors with an experience of acceptance and belonging.*

*Groups also provide the occasions for healthy feelings of pride, as members discover that they have much to offer one another. And as group members take in the compassion of others, they gradually develop self-compassion. ...we conceptualize groups as a ‘bridge to new community,’ helping survivors reconnect with society from which they have felt so alienated.”*



# Summary

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Despite massive healthcare investments and enormous societal costs, we have not made progress in resolving our largest public health problem, healing from the effects of childhood and adult trauma and adversity. There are two main reasons:

- **Most people who need help to recover from the effects of trauma and adversity do not seek it out due to stigma and shame (and they don't know healing is possible.)**
- **For those who do seek help, the services and supports needed to heal from these experiences are not well-understood nor readily available.**

We offer a proven approach to both: 1) connect with those who suffer from the effects of trauma and adversity by helping them overcome stigma and shame, 2) provide some of the services and supports that survivors need to start their healing journey.

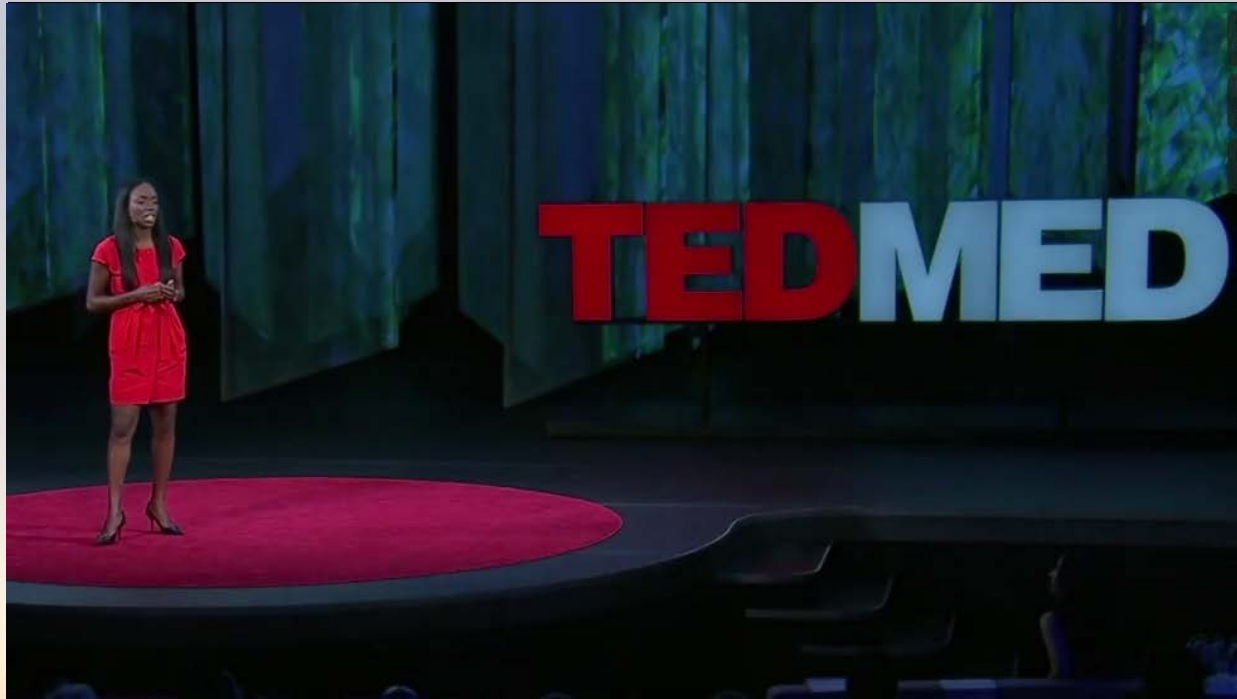
- ***We just need help to spread the word about our Healing Support Program, plus individuals and communities need to get involved<sup>6</sup> in making societal changes to provide the safe, connected, and empowering environments that support healing.***



# Closing Thoughts from an ACEs Expert

To view the video, click on the hyperlink below. When the video is complete, return to the PDF presentation.

<https://vimeo.com/322014847/57eecee46f>



Dr. Nadine Burke Harris is a leading expert on healing from the effects of childhood adversity.

She has authored a book on the subject<sup>7</sup> and was recently appointed as California's first ever Surgeon General.

Entire video available at: <https://www.youtube.com/watch?v=95ovIJ3dsNk>

# Important Takeaways from Dr. Burke Harris' TED Talk

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- In the words of the former President of the American Academy of Pediatrics, *“Adverse childhood experiences are the single, greatest, unaddressed public health threat facing our nation today.”* Yet her talk was given in September 2014 and still there is little progress to show in public awareness of the problem or in healing outcomes for survivors.
- Her comments address the main problem we need to overcome: *“We marginalize the issue because it does apply to us. Maybe it’s easier to see in other zip codes because we don’t want to look at it. We’d rather be sick.”*
- Her final words, *“This is treatable. This is beatable. The single most important thing that we need today is the courage to look this problem in the face and say, ‘this is real, and this is all of us.’ I believe that we are the movement.”*



# What You Can Do to Join the Healing Movement

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To learn more about the root cause of substance dependence, please:

- Read the blog: [Substance Dependence/ It's Not Your Fault / Start Healing](#)
- Read the testimonial: [One Woman's Story and Healing Journey](#)
- Watch the video clip from: [Substance Dependence Presentation](#) (4:10)

To learn more about healing from the effects of ACEs/trauma, please:

- Read the blog: [#MeToo / It's Not Your Fault / Start Healing](#)
- Watch the video clip from: [Healing Support Program – Session 1](#) (7:43)

*\*Then please spread the word... there are so many people suffering in silence that could benefit from this help.*





# References

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6. **ACEs Connection**. Online Resource for Community Education and Support in Healing from Trauma and Adversity. <https://www.acesconnection.com>.
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