

Trends of Substance Misuse Related to Trauma and Sustainable Recovery

The 24th National TASC Conference
On Drugs Crime And Re-Entry
April 25 -27

Objectives

- Define Trauma and its impact on the individual.
- Identify how not identifying and treating trauma escalates addiction.
- Explore, discuss and process: Treating client dual diagnosed with trauma and addiction.
- Sustainability of recovery from trauma and addiction after treatment.

Defining Trauma

- Trauma is an emotional response to a terrible event like an accident, rape, or natural disaster.
- Immediately after the event, shock and denial are typical.
- Long term reactions include unpredictable emotions, flashbacks, strained relationships, headaches or nausea. While these feelings are normal, some people have difficulty moving on with their lives.

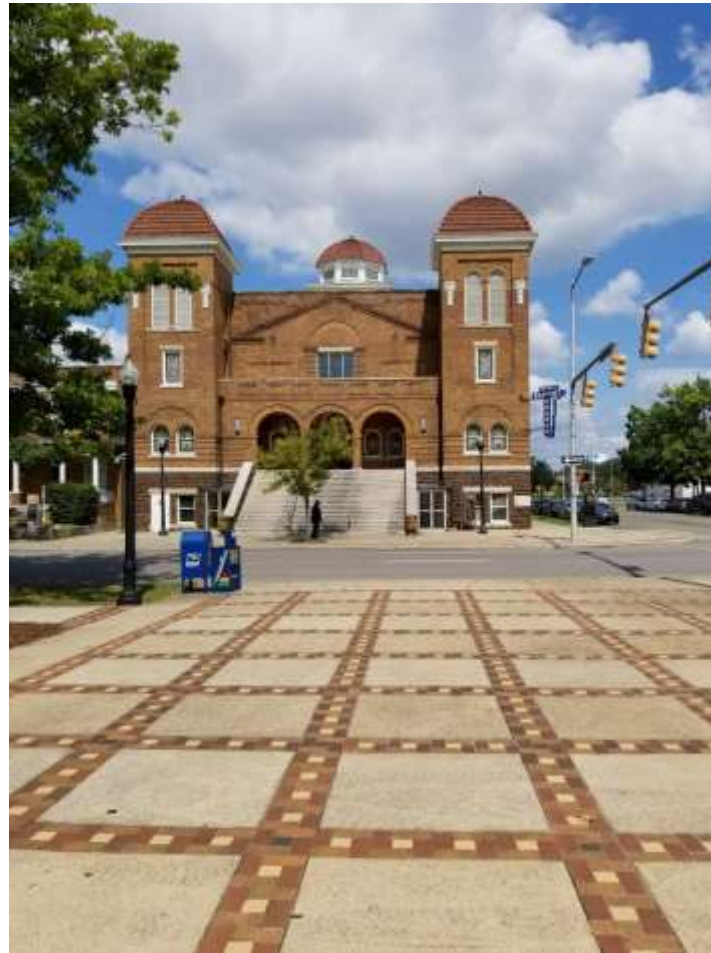
Traumatizing Events

- Sitting on the front porch with a friend, someone drove by and shot him in the head.
- Raped by biological father/and grand father.
- Male/Male Rape.
- Robbed at Gunpoint.
- Unexpected death of a child, spouse or parent.
- Intimate Partner Abuse (on-going)

Traumatizing Events

- Surviving tornado, hurricane, or other natural events often referred to as “acts of God.”
- HIV diagnosis.
- Combat Veterans.
- Refugees.

Traumatizing Event



Trauma

- The Ordinary response to atrocities is to banish them from consciousness. Certain violations of the social compact are too terrible to utter aloud: this is the meaning of the word – unspoken.
- Remembering and telling the truth about a terrible event are prerequisites both for the restoration of the social order and for the healing of the individual victim.

Trauma

- People who have endured horrible events suffer predictable psychological harm.
- There is a spectrum of traumatic disorders, ranging from the effects of a single overwhelming event to the more complicated effects of prolonged and repeated abuse.

Trauma



- Psychological Trauma is an affliction of the powerless.
- At the moment of trauma, the victim is rendered helpless by overwhelming force.

Trauma



- Traumatic events overwhelm the ordinary systems of care that give people a sense of control, connection and meaning.

Secondary Traumatic Stress

- The degree to which the survivor shares traumatic reminiscences of the stress event with his/her spouse.
- Research has shown that caring for people who have experienced highly stressful negative life events put caregivers at risk for developing stress related symptoms similar to those of the victims.

Secondary Traumatic Stress



- The behaviors and emotions associated with Secondary Traumatic Stress (STS) are a normal outcome of knowing about a traumatizing event experienced by a significant other.



- The DSM-IV (APA) states that trauma may result when a “person experienced, witnessed or was confronted with an event or events that involved actual or threatened death or serious injury, or threat to physical integrity to self and others.



- Individual's response to involves intense fear, helplessness or horror.
- These events may be described as traumatic, not because of the frequency of the occurrence but because of their effects on human life.



- The effects on the individual may include trauma symptoms, such as flashbacks, intensive thoughts about the traumatic event, psychic numbing, sleep disturbances, exaggerated responses, increased anger and isolation. These individual effects are referred to as PTSD.

Systemic Effects of Trauma



- Trauma affects the survivor through individual trauma symptoms, but survivors often experience interpersonal problems as well as marital disruption and sexual dysfunction.

Individual Effects or trauma

- Childhood sexual abuse has been correlated with greater psychological symptoms and sexual dysfunction.
- Problems related to a lack of trust, anger, hostility, anxiety, depression, isolation, loss of power, psychological symptomatology, substance abuse and self-destructive behavior also have been reported in child abuse victims.

Characteristics Often Seen Among Men Sexually Abused as Children

- Aggressive behaviors (externalizing rather than internalizing).
- Controlling behaviors.
- Highly sexualized language and behaviors.
- A vulnerability toward compulsive behaviors.
- A greater difficulty than women dealing with shame.
- Strong tendency to minimize abuse experiences.

Common Myths About Males Sexually Abused as Children

- If I had sex with a man as a child then I must be gay.
- If a male selected me to have sex with, then there must be something about me.
- How could a woman actually abuse a boy
- I must have wanted it because I had an erection.
- She did not physically hurt me, how could it have been abuse?

Trauma and Addiction

- Do you have behaviors that could be considered compulsive or addictive? What are they?
- When did you first engage in these compulsive or addictive behaviors? What purpose have these behaviors served?
- What kind of relationship do you have with your compulsion? Adversarial, Friendly, Loving.
- How has your addiction or compulsion been a form of self-abuse? What has it caused you?

Trauma and Addiction

- Addiction offer escape, relief, a sense of being in control, a way to protect oneself, or just feeling better.
- Addiction can also destroy one's body, numb one's feelings, break up relationships, lead people to behaviors that destroys self-esteem, and can kill you.

The Affects of Trauma

- None of use are protected from trauma, be it a one time catastrophic event or a long-term hardship.
- From illness to violent crime, natural disasters to divorce, layoffs to accidents, abuse and intimate partner abuse.
- Many factors can contribute to the impact of trauma: age, social and cultural influences, history or previous trauma, physical and psychological health, and quality of coping skills.

The Affects of Trauma

- The aftereffects of trauma are both psychological and physiological.
- Feelings of helplessness and hopelessness contribute to changes in self-image and contaminate interpersonal relationships.
- No matter what the cause or origin of the trauma, adults are responsible for developing the necessary coping skills.

The Affects of Trauma

- With careful thought and daily practice, most people can recover a sense of safety and purpose in their lives; some will achieve even more effective and beneficial ways of functioning in the world than those they used before the trauma.

Addressing Trauma

- It is helpful to examine how the trauma affects opportunities to receive substance abuse and/or mental health treatment as well as treatment for and recovery from the trauma itself.
- Identifying and exploring strengths in the client's history can help the client apply those strengths to his or her ability to function in the present.

Addressing Trauma

- Empathy or putting oneself in the shoes of another, is more potent than sympathy (expressing a feeling of sorrow of another person).
- Some clients need to briefly describe the trauma(s) they have experienced, particularly in the early stages of recovery.

Addressing Trauma

- Strategies that focus on re-examining the trauma, retrieving feelings related to the trauma, and bring past experiences to the forefront should only be implemented if trauma-specific planning and services are available.

Addressing Trauma

- Understanding the trauma, especially in early recovery, should begin with educating the client about normalizing trauma related symptoms and creating a sense of safety within the treatment environment and addressing how trauma symptoms may interfere with the client's life in the present.

Literature Review

- Trauma and Recovery: The Aftermath of Violence from Domestic Abuse to Political Terror – Judith Herman, M.D.
- I Hate You – Don't Leave Me: Understanding the Borderline Personality – Jerold J. Kreisman, M.D. and Hal Straus
- Violence and It's Impact on Relationships – Family Therapy Magazine (Jan. 2017).

Literature Review

- Secondary Trauma Resulting From Childhood Abuse – Briana S. Nelson and Karen S. Wampler – Journal of Marital and Family Therapy – April 2000, Volume 26, Number 2.
- Secondary Traumatic Stress, Psychological Distress, Sharing of Traumatic Reminiscences, and Marital Quality Among Spouses of Holocaust Child Survivors – Rachel Lev-Wiesel and Marianne Amir – Journal of Marital and Family Therapy – October 2001 – Volume 27, Number 4.

Trauma and Substance Use Disorder

Many people who have substance use disorders have experienced trauma as children or adults (Koenen-Stellman-Sommer & Stellman -2008; Ompad et al – 2005).

In addition, people who abuse substances and have experience trauma have worse outcomes than those without histories of trauma.

Trauma and Substance Use Disorder

- A person presenting with both trauma and substance abuse issues can have a variety of other difficult life problems that commonly accompany these disorders; such as other psychological symptoms or mental disorders, poverty, homelessness, increased risk of HIV and other infections, and the lack of other social support (Mills – Teeson – Ross & Peters – 2006; Najavits – Weiss & Shaw – 1997).

Case Study

- 29 year old white male – single
- Middle Class family (graduated from prestigious Catholic high school.
- In 10th grade father's business went bad and we had less money and were struggling financially.
- Attending 2 yr college and working as base coach at high school graduated from.

Case Study

- One day at work just was feeling strange; decided to go home and the house was spotless clean.
- Saw a note that my dad had written; did not read it.
- Started looking for my dad and found him hanging from one of the ceiling beams in the attic.

Case Study

- Dad had committed suicide.
- Prescribed lortabs by a dentist; “I was amazed at how happy I felt when I took those pills
- Ran off for days and got high every day while away from home.
- Did not complete college and enrolled in the Military (Army).
- Dishonorable Discharge (drug related – OPS).

Case Study

- “I started abusing lortabs and other drugs including alcohol due to stress from feeling as a failure because I did not finish college and was discharged from the service.”
- More stress because of family conflict and low paying job when my father before died always pressured me to do well and to have a good paying job.

Case Study

- Started abusing Oxycodone (inhaled).
- Graduated to injecting heroin.
- Three treatment attempts.
- 2017 – locked up for thirty days.
- Started IOP/Opiate Recovery/Group
- Two months later started individual, first session discussed unresolved issues concerning deceased father.

Case Study

- Missing for four weeks (reported multiple anonymous sex encounters with women to avoid emotional pain).
- Fifth week returned to counseling after best friend overdosed and died. He was asked to stay away from the funeral (dealing with survivors guilt), relapsed to alcohol.
- Returned to individual therapy, stating he was testing therapist just to see if he (therapist) could trust him (therapist).
- Stable (drug free) and continuing with MAT.