Trauma Integrated Addiction Treatment

1

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Self-care

2

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- Trauma-Informed Training
- Balance Vulnerability with Safety

Grounding Exercise

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What is addiction anyway?

- Short Definition of Addiction: (American Society of Addiction Medicine, 2011)
- Addiction is a primary, chronic disease of brain reward, motivation, memory and related circuitry. Dysfunction in these circuits leads to characteristic biological, psychological, social and spiritual manifestations. This is reflected in an individual pathologically pursuing reward and/or relief by substance use and other behaviors.
- Addiction is characterized by inability to consistently abstain, impairment in behavioral control, craving, diminished recognition of significant problems with one's behaviors and interpersonal relationships, and a dysfunctional emotional response.
- Like other chronic diseases, addiction often involves cycles of relapse and remission. Without treatment or engagement in recovery activities, addiction is progressive and can result in disability or premature death.

4

Addiction and the Brain

5

- Mesolimobocortical pathway (Reward/Pleasure Center)
- Phenomenon of Craving
  - Dopamine
  - Serotonin

Addiction & Trauma

6

- 42 to 95%
- of people coming into treatment for addiction report trauma histories

What is Trauma?

7

Definition of Trauma

8

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Trauma occurs when an external threat overwhelms a person's internal and external positive coping skills.

Prevalence of Trauma

9

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- According to the National Center for PTSD:
- 61% of men and 51% of women report having experienced at least **one traumatic event** (lifetime)
- 10% of men and 6% of women report having experienced **four or more traumatic events** (lifetime)
- Worldwide, it is estimated that two-thirds of the population is exposed to a traumatic events that meet the DSM criteria A for PTSD.
- Of these trauma victims, 8% receive diagnosis of PTSD
- 1% of American population (New England Journal of Med)
- ***Women are diagnosed with PTSD twice as often as men.***

PTSD & Substance Abuse Disorders

10

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- **Prevalence of PTSD and Substance Use Disorders**
- Among persons who develop PTSD, **52% of men and 28% of women** are estimated to develop an alcohol use disorder.
- **35% of men and 27% of women** develop a drug use disorder.

(Najavits, 2007)

- The numbers are even higher for veterans, prisoners, victims of domestic violence, first responders, etc.

(Najavits, 2004a, 2004b, 2007)

- Individuals with PTSD are **3 to 4 times more likely to develop SUD's** than individuals without PTSD have earlier histories with A & D, more severe use, and poor treatment adherence.

(Khantzian & Albanese, 2008)

PTSD & Substance Abuse Disorders

11

Childhood trauma – more severe symptoms, vulnerable to relapse

- Individuals meeting diagnostic criteria for both alcohol dependence and PTSD, who experienced childhood trauma reported greater PTSD symptom severity, particularly intrusive symptoms, greater alcohol symptoms severity, and greater trauma related alcohol craving.

- Appear to be particularly vulnerable to relapse following treatment for alcohol dependence, if PTSD symptoms are not properly assessed and treated.

(Schumacher, Coffey, & Stasiewicz, 2006)

- Severity of reported childhood trauma predicted cocaine relapse in women during a 90-day follow-up.

(Heffner, Blom, & Anthenelli, 2011)

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Need to broaden our understanding of how individuals are traumatized!

12

- How does someone get traumatized?
- Direct *personal experience* of an event that involves threatened death, actual or threatened serious injury, or threat to one's physical integrity;

- Or *witnessing an event* that involves death, injury, or a threat to the physical integrity of another person;

- Or *learning about* unexpected or violent death, serious harm, or threat of death or injury experienced by a family member or other close associates

DSM V

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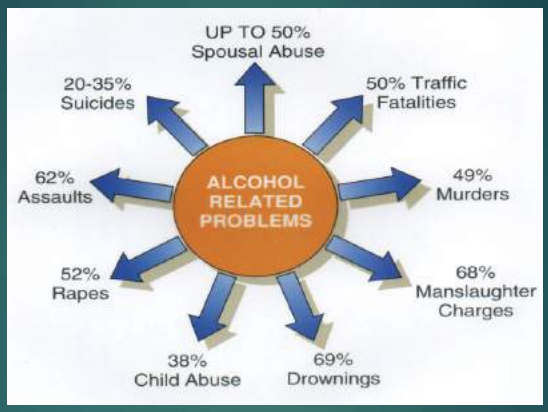
Relationship Between Addiction & Trauma

13



- Remember that these types of events never happen in total isolation.
- There are always partners, parents, children & siblings of the victim & perpetrator that are impacted by the event!

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The Theory of Trauma

14

- Post-Traumatic Stress Disorders are an individual's response to abuse, violence, or some other overwhelmingly negative experience.
- It is the subsequent set of ~~mal~~adaptive behaviors and beliefs that should be addressed in treatment.

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Continuum of Traumatic Stress

15

Primary Trauma
(Primary Trauma Victim)

Secondary Trauma
(Trauma Experienced by Family Members, Friends, First-Responders, Helping Professionals, etc.)

Secondary Trauma ↔ Compassion Fatigue (Trauma Experienced by Care-Givers and Helping Professionals) ↔ Burnout

Organizational Trauma

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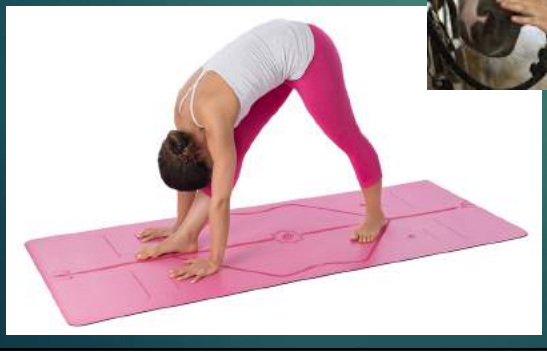
Trauma Informed Care

16



Core Principles of Trauma-Informed Care

17

- *Safety*: throughout the organization, staff and the people they serve feel physically and psychologically safe
- *Trustworthiness and transparency:* organizational operations and decisions are conducted with transparency and the goal of building and maintaining trust among staff, clients, and family members.
- *Collaboration and mutuality:* there is true partnering and leveling of power differences; there is recognition that healing happens in relationships and in the meaningful sharing of power and decision-making.

Core Principles of Trauma-Informed Care

18

- *Empowerment*: strengths are recognized and validated and new skills developed as necessary.
- *Voice and choice:* the organization aims to strengthen the clients' and family members' experience of choice and recognize that every person's experience is unique and requires an individualized approach.
- *Mutual Responsibility:* each person is responsible for their part of the relationship, for their own behavior; relational dynamics are not based on "power over"
- *Compassion:* is understanding that we can only see a part of a man's life, thoughts, feelings, and experiences.

The Theory of Trauma

19

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- Overt/Event
- Covert/Experiential
- Complex Trauma
- Attachment Disorder
- Iatrogenic Trauma

Breakout: Emotional Communication Exercise

20

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- Talk about 1 story where you felt:
  - Fear
  - Hurt
  - Joy

The Role of Attachment in Trauma

21

- ***Uncontrollable disruptions or distortions of attachment bonds precede the development of post-traumatic stress syndromes.*** *People seek increased attachment in the face of danger. Adults, as well as children, may develop strong emotional ties with people who intermittently harass, beat, and, threaten them.* ***The persistence of these attachment bonds leads to confusion of pain and love.*** *Trauma can be repeated on behavioural, emotional, physiologic, and neuroendocrinologic levels. Repetition on these different levels causes a large variety of individual and social suffering.*
- – Van der Kolk, 1989

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Stone face video

22

- https://www.youtube.com/watch?v=apzXGEbZht0

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ACE Study

23

- ACE Study – Kaiser Permanente from 1995 to 1997 → 17,000 participants
- Each participant completed a confidential survey containing questions about:
  - childhood maltreatment and family dysfunction
  - items detailing their current health status and behaviors.
- This information was combined with the results of their physical examination to form the baseline data for the study.

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ACE Study

(Adverse Childhood Experiences)

24

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Before age 18:

- Recurrent and severe emotional abuse
- Recurrent and severe physical abuse
- Contact sexual abuse
- Physical neglect
- Emotional neglect

25

ACE Study

(Adverse Childhood Experiences)

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Growing up in a household with:

- An alcoholic or drug-user
- A member being imprisoned
- A mentally ill, chronically depressed, or institutionalized member
- The mother being treated violently
- Both biological parents *not* being present

(N=17,000)

26

ACE Study

(Adverse Childhood Experiences)

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Results

ACEs still have a profound effect 50 years later, although now transformed from psychosocial experience into organic disease, social malfunction, and mental illness.

- Smoking
- Alcoholism
- Injection of illegal drugs
- Obesity

(Felitti, V.J.: Origins of Addictive Behavior: Evidence from the ACE Study. 2003 Oct:52(8): 547-59. German. PMID: 14619682 (PubMed-indexed for MEDLINE).

27

ACE Study
(continued)

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If a male child has six or more "yes" answers, his risk of becoming an IV drug user increases by 4,600% compared to a boy with a score of zero.

(Felitti & Anda, 2010)

28

"Psychologically maltreated youth exhibited equivalent or greater baseline levels of behavioral problems, symptoms, and disorders compared with physically or sexually abused youth on most indicators."

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(Spinnazola et. al 2014)

Attunement Exercise

29

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Trauma and the Brain

30

Exposure to trauma can create a PTSD response in the limbic system

The PTSD response can become complex and chronic.

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Vagus Nerve Function

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- Forms part of the involuntary nervous system and commands unconscious body procedures, such as keeping the heart rate constant and controlling food digestion
- Innervates the brain to the viscera.
- Comprises between 80% and 90% of afferent mostly conveying sensory information about the state of the body's organs to the central nervous system.

Vagus Nerve

32

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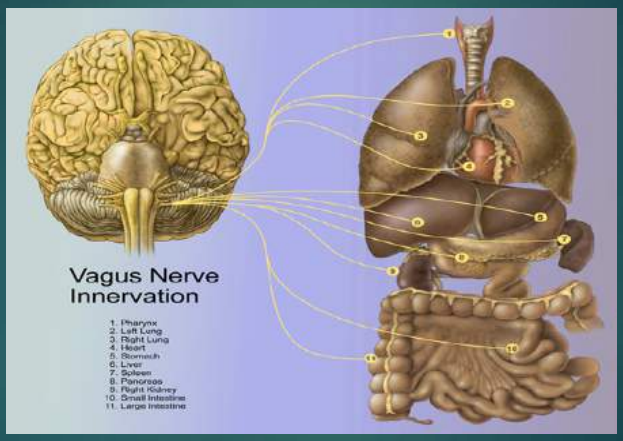

Limbic System Therapy- When stressed remember to ask yourself these questions:

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- What am I thinking?
- What am I feeling (emotions)?
- What am I feeling in my body?
- What behaviors am I feeling the need to do?

Tapping In

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Neurobiology of Trauma

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- Research into the neurobiological aspects of trauma has found that trauma disrupts neural networks inhibiting traumatic experiences from being processed into a way that can be understood consciously (Lee, Zaharlick Akers, 2009).
- As a result these traumatic memories stay in lower regions of the brain inaccessible to the frontal lobe.(van der Kolk, 1994).
  - Frontal Lobe (neocortex) = The rational, understanding, and thinking part of the brain that is utilized by CBT, Relapse Prevention and 12 step Facilitation

Triune Brain (MacLean, 1990)

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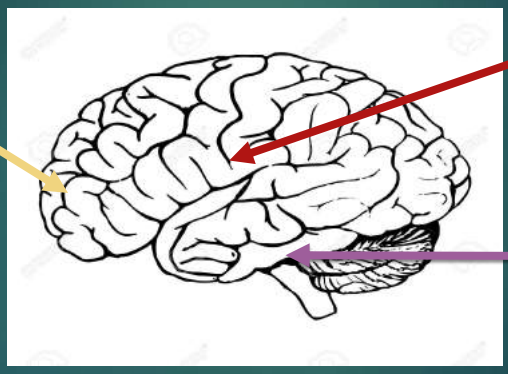
Neocortex: Executive functioning (thinking, reason, speech, insight, interoceptive-awareness, & meaning)

Structures:

- *Medial PFC*
- *Dorsal PFC*
- *Ventro Medial PFC*
- *Anterior Cingulate Cortex*
- *Posterior cingulate cortex*
- *Temporo-parietal junction*
- *Insula*



Limbic System: (5 F's) Fight, Flight, Freeze Feed, & Fornicate

Structures:

- *Amygdala- smoke detector*
- *Thalamus- sensory input*
- *Hippocampus- memory formation; sort to long term*

R Complex Brain (Reptile Brain): Instinctual survival behaviors

Structures:

- *Brain Stem*
- *Cerebellum*

Integrating Trauma Memories

37

(van der Kolk, 1996, Trauma and Memory from Traumatic Stress: The Effects of Overwhelming Experience on the Mind, Body, and Society)

- In dissociation, there is interference with proper information processing and storage of information in narrative (Semantic) Memory
- Van der Kolk calls this "speechless terror." Words fail to describe situation.
- Trauma organized in memory on a perceptual level.
  - During periods of extreme ANS activation (stress or dissociation), see decrease in activation of Broca's area (part of brain most critical for transformation of subjective experience into speech.
  - Also see significant increase in activation of areas in right hemisphere that are thought to process intense emotions and visual images.
  - Development of Event Memory of traumatic event.
- **Autobiographical memory** (i.e., memory of what happened or the trauma story) is therefore **semantic and symbolic**.
- Semantic memory is social and adapted to the needs of both the narrator and the listener
- It can be expanded or contracted, according to social demands.

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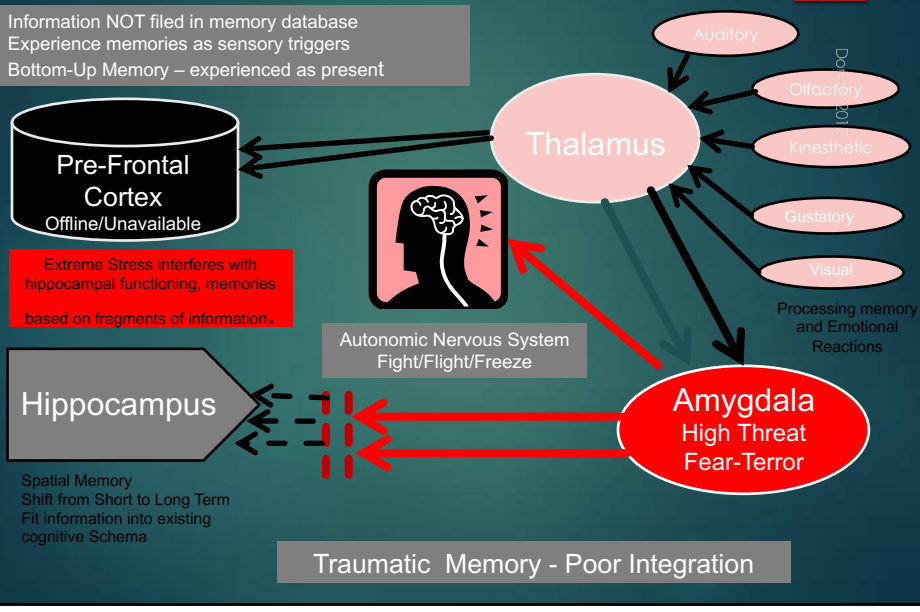
Effect of emotional arousal on declarative (Semantic) Memory, (van der Kolk, 1996)

38

Information NOT filed in memory database
Experience memories as sensory triggers
Bottom-Up Memory – experienced as present



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Neurobiology of Trauma and Mindfulness

39

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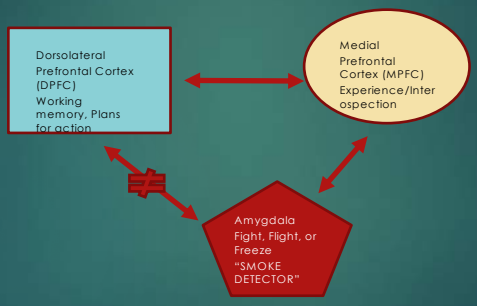

CBT's Just Alright with me (oh yeah!)

40

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- Not very effective as the predominant approach
- Pre-frontal cortex not easily accessible
- Trauma resides in the body as much as in the mind
- How many people in system have TBI?

Gender 101

41

- Sex
- Gender
- Gender Identity
- Gender Expression

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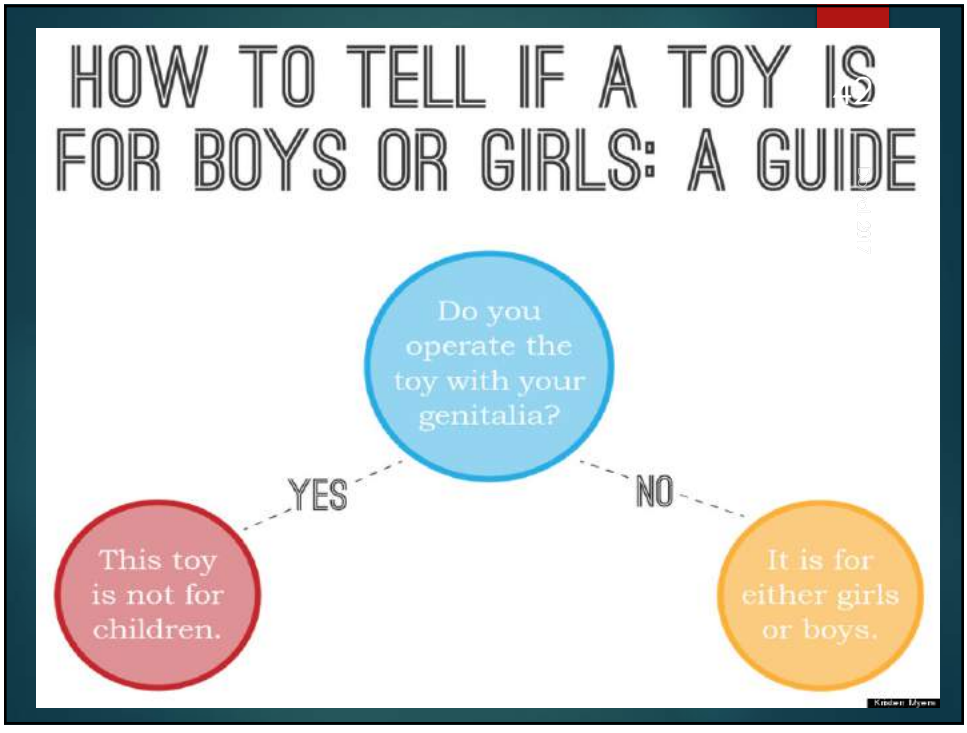

Process of Trauma

43

Traumatic Event
Overwhelms the physical and psychological coping skills

Response to Trauma
Fight, Flight or Freeze
Altered state of consciousness, Body sensations, Numbing, Hyper-vigilance, Hyper-arousal, Collapse

Sensitized Nervous System
Changes in the Brain
Brain–Body Connection

Psychological and Physical Distress
Current stressors, Reminders of trauma (triggers)
Sensations, Images, Behavior, Emotions, Memory

Emotional and/or Physical Responses

Retreat	Harmful Behavior to Self	Harmful Behavior to Others
Isolation Dissociation Depression Anxiety	Substance use disorders Eating disorders Deliberate self-harm Suicidal actions	Aggression Violence Rages Threats

Source: Covington, S., *Beyond Trauma: A Healing Journey for Women* 2014, rev. 2016

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The Theory of Trauma

44

- A gender-informed framework
- A fundamental belief that trauma is pervasive in people's lives and there are gender differences in:
  - How men and women experience trauma
  - How men and women respond to trauma
  - How men and women exhibit the symptoms of trauma-based disorders
  - How men and women heal from trauma

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Psychiatric Diagnoses

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- Who is one of the toughest clinical diagnosis to work with?

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Psychiatric Diagnoses

46

- What diagnosis for men would most likely mimic/mask the symptoms of complex PTSD?

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47

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48

Breakout Case Study: How would you proceed?

- 20yr old Caucasian male
- Onset SUD age 16
- Primary drug of use: Cocaine Secondary ETOH, Marijuana, Benzo
- Presents to ER for treatment for suicidal ideation after dropping off his rifles at uncles home.
- Failed out of 1st year biology/pre-med by not attending class poor grades
- Reports hyper sexuality---over 100+ partners before end of freshman year in college
- Multiple attempts at OP therapy for mental health.
- Never thoroughly assessed for trauma or SUD
- Was told by one therapist "It seems as if you're just a pathological liar."
- Previous Dx: Bipolar I; ASPD; GAD; Panic Disorder
- 15+ concussions as a hockey goalie...never indicated in his therapy?!
- Sexual assault at age 16…by a female! Disclosed to family initially that SA was by a male out of fear of not being taken seriously. When he indicated the SA was perpetrated by a female father replied" That's not rape, what 16 year old would not want that?"
- At age 16 attempted to rescue 10 yr old boy following MVA with carotid artery laceration. Boy bled out in his arms.

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The Container

49

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Universal Precautions

50

- Histories of abuse and trauma should be expected, not considered the exception.
- Many treatment "failures" may well have unresolved trauma disorders.
- We can do better at talking about the trauma that people experience and the abuse that they perpetrate.

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51

A paradigm shift
From:
"What is wrong with you?"

To:
"What happened to you?"

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52

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