TRAUMA & ADDICTION

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by

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Purpose

The purpose of this paper is to present the growing awareness and significance of trauma in the diagnosis and treatment of the people who are being treated for substance disorder.

Trauma – Catalyst of Substance Abuse

There are many forms of trauma, each with its own characteristics and intensity that leads to behavioral problems- most notably chemical abuse and alcoholism.

Trauma is a stress that causes physical or emotional harm from which you cannot free yourself. The effects of trauma can range from Acute Distress Disorder (ASD), which includes experiences of disassociation (e.g. feelings of unreality or disconnection), intrusive thoughts and images, efforts to avoid reminders of the traumatic experiences and anxiety that may occur in the month following the event, to more severe ones. When these experiences last more than a month, they are labeled by their frequency, impact and duration as Post traumatic Stress Disorder (PTSD).

Trauma has many faces- national disasters such as hurricanes, tornados, tsunami, earthquakes and volcanic eruptions. It also results from random acts of violence, car accidents, fire, wars, and shootings (Columbine H.S. and Virginia Tech University).

Other examples of precipitation of trauma are neglect, abuse (emotional, verbal, physical and sexual), abandonment, grief and loss of family member or close friend. Recently bullying, mostly in or near school, has become popular in the news.

Dr. Judith Hermann, PhD, defines trauma as follows: Traumatic events are extraordinary, not because they occur rarely, but rather because they overwhelm the ordinary adaptations to life. Unlike commonplace misfortunes, traumatic events generally involve threats to life or bodily integrity or a close personal encounter with violence or death. They confront human beings with the extremities of helplessness and terror, and evoke the responses of the catastrophe. The common denominator of trauma is feeling of intense fear, helplessness, loss of control, and threat of annihilation. Trauma can also be categorized by how far our systems are stretched and for how long. Simple trauma is usually of low or moderate intensity and for a short time. Complex trauma involves more severe intensity and last for long periods of time.

Peter A. Levine writes in "Waking the Tiger" trauma symptoms form in a spiraling process that begins with primitive biological mechanisms. At the core of this process is the immobility or freezing response, a defense mechanism summoned by the reptilian brain. In response to threat, the organism can fight, flee or freeze as parts of a unified defense system. When fight and flight are thwarted, it moves toward the last option- the freezing response. As it constricts, the energy that would fueled the fight or flight is amplified and bounded up in the nervous system. The frustrated fight response erupts into rage and the flight gives way to helplessness. (1)

Trauma/Substance Use Cycle

Research indicates a significant relationship between people who had traumatic experiences and those who used drugs. Many people who are victims of child abuse, disasters, or other forms of trauma utilize alcohol or drugs to alleviate the uncomfortable symptoms resulting from trauma. For example, bad memories sleep disturbance, shame, anxiety, feelings of detachment, et al. Persons with a history of addiction are more likely to experience various forms of trauma than those who are not substance users. A nightmarish cycle begins in which the person responds to the trauma by using alcohol, illicit drugs or pain medication. This evolves into a new traumatic experience which then results in increased substance use.

Research Data

Taking into consideration, the term trauma can have different values, depending upon the study plus other research differences in terms and values in each study; some connections have been gathered about the links between substance use disorders and trauma-related disorders. An estimated 27.9% of clients with PTSD meet the criteria for substance abuse, and an additional 34.5% meet the criteria for dependence. Various studies have found a disproportionately higher number of abuse, neglect, or trauma histories in substance abusers than in the general population. Of patients in substance disorder treatment 12-34% have a diagnosis of PTSD; these numbers can be as high as 35-59% in certain subgroups. Researchers Brown & Gilman reported that nearly 65% of people found eligible for county drug court were affected by trauma in some way Individuals with a

history of PTSD are more likely to have a history of other psychiatric disorders, alcohol dependence, and other significant psychosocial impairments. Further, substance abuse increases the likelihood of victimization which can further promulgate the cycle of coping with trauma related stress and self-medicating with addictive substances. (2), (3)

Treatment Strategies

As discussed, addiction and trauma disorders are closely linked, as many individuals turn to alcohol or other drugs (cocaine, heroin, crack, marijuana, prescription drugs and alcohol) to escape the pain of traumatic experience. Effective treatment requires integrated programming to address the co-occurring conditions in a comprehensive way.

The authors of the Addiction and Trauma Recovery Integration Model (ATRIUM) assert that the traditional models of addiction recovery and relapse prevention do not consider the significant role that unresolved trauma can play in an addicted individuals' attempt at recovery. They further assert that these traditional approaches marginalize addicted, traumatized women more than their male counterparts. Although the authors do not discredit the merit of traditional models such as 12 -step or cognitive behavioral therapy, they suggest that these protocols do not adequately address the role that trauma has played. They believe an integrated, more holistic approach is needed to promote long term recovery and prevent relapse. (4)

The three stage consensus model (used for trauma therapy) can be adapted to addiction treatment as well. Many of the skills, tools, and strategies that the client uses to facilitate coping in Stage I, can be geared toward achieving sobriety. Basically, Stage I is for teaching addicted individuals new, healthy coping strategies to replace substance abuse or other potentially addictive behaviors. If Stage I has been executed thoroughly and the client is able to learn some very basic skills to achieve safety and equilibrium, Stage II processing can be conducted with an addict in relatively early sobriety. Stage III is reintegration. (5)

Evans and Sullivan developed a five-tenant model whose components are:

- Addressing trauma history enhances treatment
- Work through memories of trauma after establishing a foundation of safety and coping skills
- Treatment of the abuse issues must address the substance use issue
- Disease model of addiction and conventional 12-step approaches are productive in addicted survivor of trauma.
- Treatment models for addicted survivors of trauma must be integrated to be effective. (6)

Using the three stages of the consensus model in combination with some of the addiction principles in the five-tenant model can be a powerful combination.

Clinicians often are concerned about getting into trauma work too soon. Some even suggest that trauma processing should not be

attempted with addicts until they are sober for at least 2 years. The problem is that a history of unresolved trauma will be a risk factor for relapse and many clients are unable to maintain sobriety for one or two years without relapsing. The three stage consensus model of treatment offers an opportunity for balance. It equips the individual with tools he or she need before doing the essential work of repairing the past.

The clinicians' role in navigating a client through the treatment process is challenging. With a survivor of trauma and suffering with addiction, one must carefully balance each step to achieve each goal and to avoid relapse. Some of the benchmarks you should keep in mind:

- Trust yourself as a clinician.
- Listen without judgment
- Believe
- Learn more about chronic relapse and trauma-related issues.
- Evaluate the likelihood of relapse(is 28 days enough)
- Evaluate the level of your clients ability to function “at this time” in the world

The initial consultation with a mental health professional should include that sensitively and thoroughly identify patterns of past and current substance use. Treatment planning should include discussions between the therapist and the client regarding the possible influence of substance abuse problems on trauma related problems, including sleep, anger, anxiety, depression and work and relationship difficulties. Treatment can include education,

psychotherapy, medical services and spiritual care. Treatment for traumatic difficulties and substance abuse should be designed as a comprehensive plan that addresses both sources of difficulty and their interrelationships to each other. Even if there are separate meetings or clinicians devoted primarily to trauma or to substance problems, all interventions should be carefully coordinated and integrated.

Closing Comments

Proper treatment begins with the initial evaluation/assessment. Mental health professionals and substance abuse specialists need to recognize the co-occurring disorders of trauma and addiction. Skills to address both issues can be developed so that treatment is provided by one therapist. The goals of treatment include a balanced plan to assist the client in developing insight and coping skills needed for a healthy, productive life style.

Trauma and Addiction Resource Data

1.) Peter A. Levine -"Waking The Tiger" North Atlantic Books

2.) "The Nuts and Bolts of Trauma Treatment" 11/7/14 Seminar. Judy T. Crane LMHC, CAP

3.) Brown & Gilman – Researchers "Proceedings 2008 International Assoc. Conference, Phoenix, Ariz.

4.) ATRIUM – Addictions & Trauma Recovery Integration Model (12 session recovery model designed for groups and individuals and for their therapists & counselors.) wwwAlamedaCountyTraumaInformedCare.org

5.) Three Stage Consensus Model-For trauma & addiction
3 stages: stabilization, working through the trauma and reintegration/reconnectiion with society.
www.netce.com
Course: Fundamentals of Trauma Processing

6.) Five Tenant Model: "Treating Addicted Survivors of Trauma" By Katie Evans & J. Michael Sullivan
New York Guilford Press 1995