

Trauma, Substance Use Disorders, & Recovery: An Integrated Concept

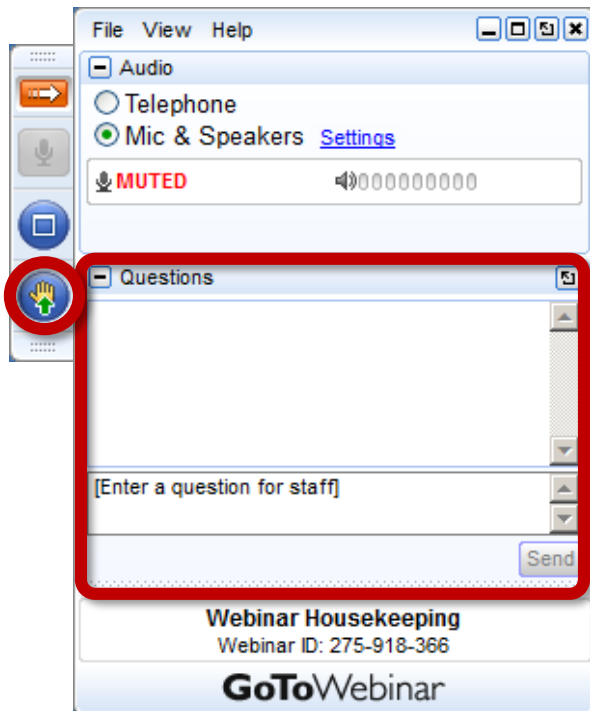
National Council for Behavioral Health
January 30, 2018

Housekeeping

How to join
the webinar?

Audio Access INSTRUCTIONS:

- Listen through your computer speakers, OR
- Call in on your telephone: +(415) 655-0060
- Access Code: 536-056-182
- Audio PIN: Shown after joining the meeting



The best way to ask a question is to use the question box in your GoToWebinar window.

**Technical difficulties? Call Citrix
Tech Support at 888-585-9008**

Today's Presenters



Karen Johnson, MSW, LCSW

Senior Director of Trauma-Informed Services
National Council for Behavioral Health



Nick Szubiak, MSW, LCSW

Assistant Vice President of Addiction and Recovery
National Council for Behavioral Health

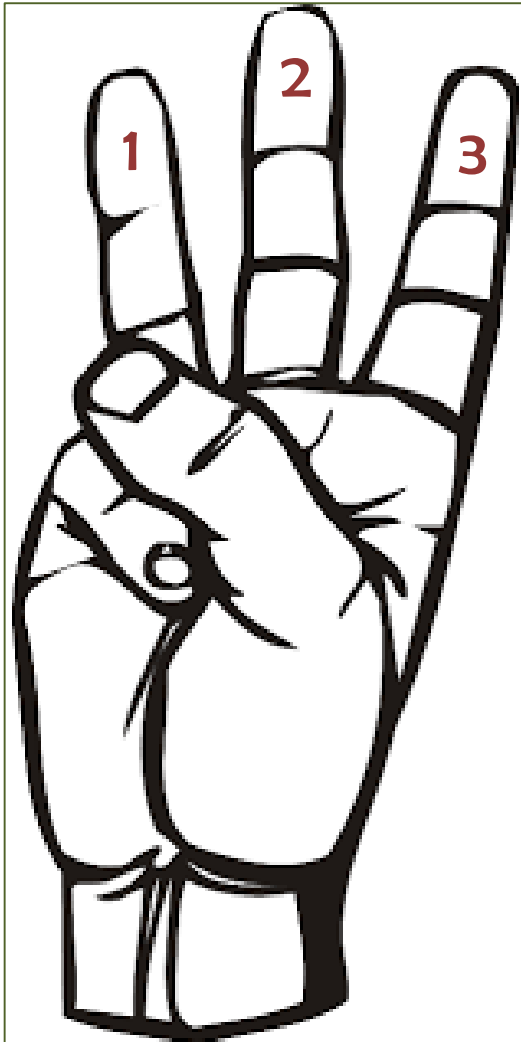
Overview

- Understanding trauma and addiction
- Overview of trauma informed care and recovery oriented systems of care
- How these two models can provide a more holistic approach to recovery



Trauma includes three key elements

(SAMHSA, 2012)



“Individual trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual’s functioning and mental, physical, social, emotional, or spiritual well-being.”



Trauma Shapes our Beliefs



Worldview

Identity



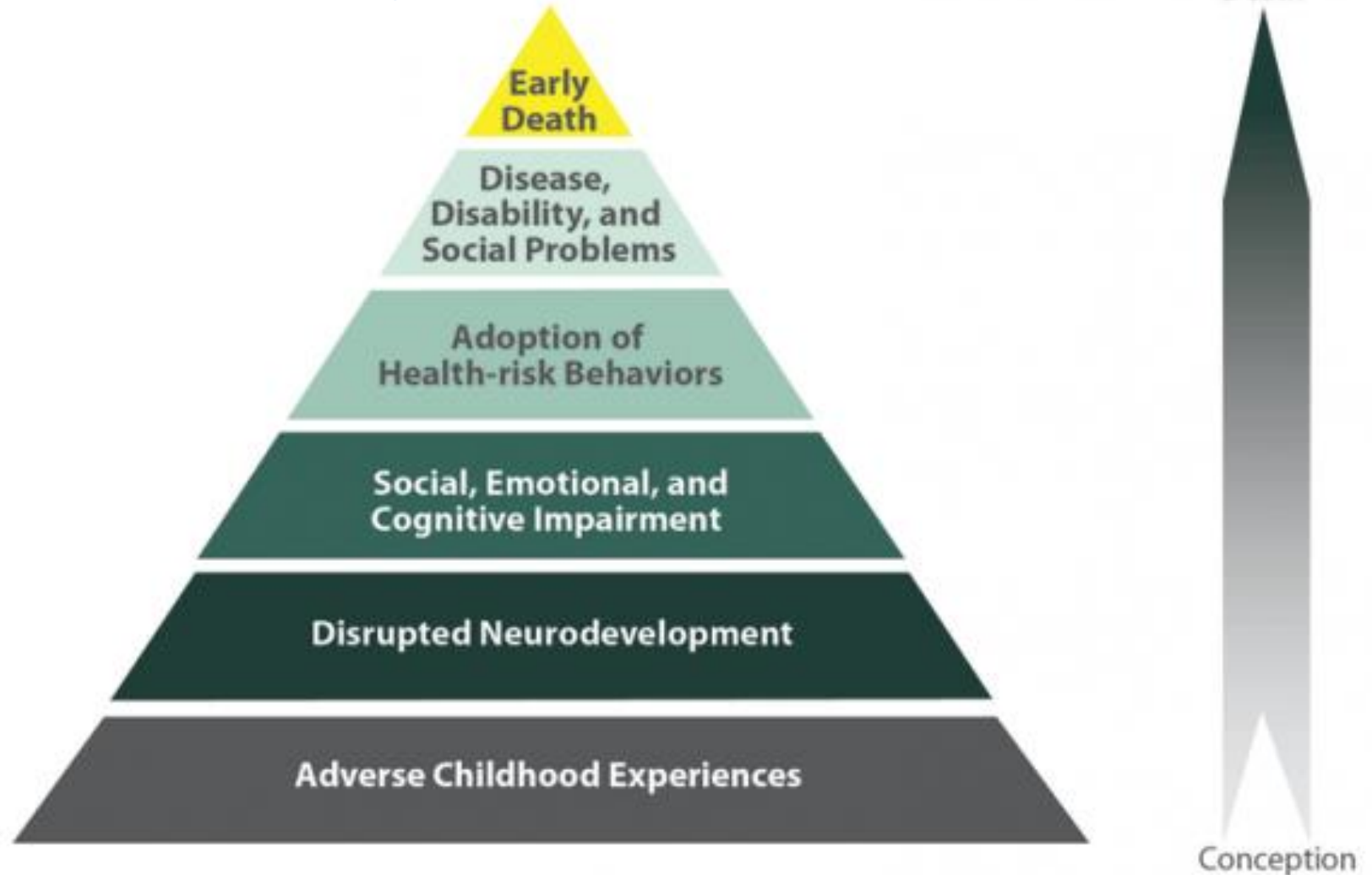
Spirituality



Results in Vicious Loop



The ACEs Study



Mechanism by Which Adverse Childhood Experiences Influence Health and Well-being Throughout the Lifespan

Prevalence of Adverse Childhood Experiences



- **1 in 4 children** suffer child abuse or neglect
- **1 in 4 children** will witness or experience a traumatic event before they turn four
- **4 out of 10 children** experienced a physical assault during the past year, with **1 in 10** receiving an assault-related injury
- **3 out of 5 youth** age 17 and younger have been exposed to crime, violence, and abuse, either directly or indirectly

Effects of Childhood Trauma



Behavioral

Defiance
 Need to control
 Aggression
 Avoidance
 Smoking
 Alcoholism
 Drug use
 Criminal offenses



Physical

Improper brain development
 Sleep problems
 Headaches
 Stomachaches
 Sensory sensitivity
 Heart, lung and liver diseases
 Obesity
 Cancer
 High blood pressure
 High cholesterol



Psychological

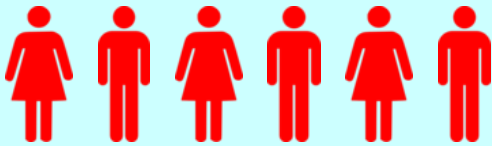
Depression
 Disrupted Mood
 Anxiety
 PTSD
 Dissociation



Emotional/Social

Hyper arousal
 Guilt
 Shame
 Mistrust
 Anger
 Fear
 Frustration
 Persistent irritability
 Difficulty forming relationships
 Low self-esteem

Higher ACE Score Increases Smoking



6 of 100 people with 0 ACEs smoke



11 of 100 people with 3 ACEs smoke

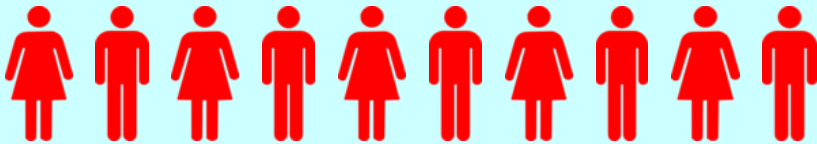


17 of 100 people with 7 ACEs smoke

ACE Score Increases Suicide Attempts



1 of 100 people with 0 ACEs attempt suicide

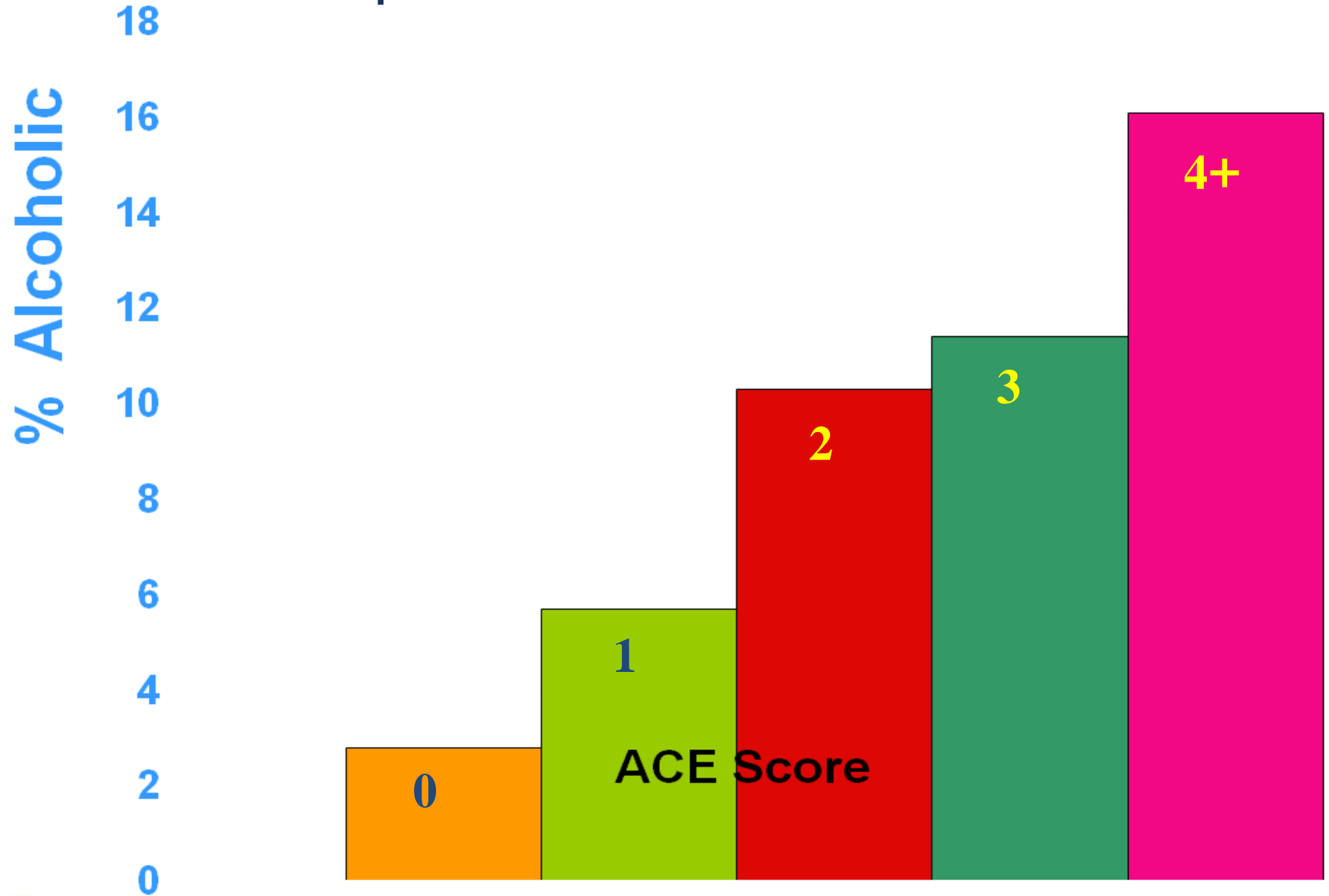


10 of 100 people with 3 ACEs attempt suicide

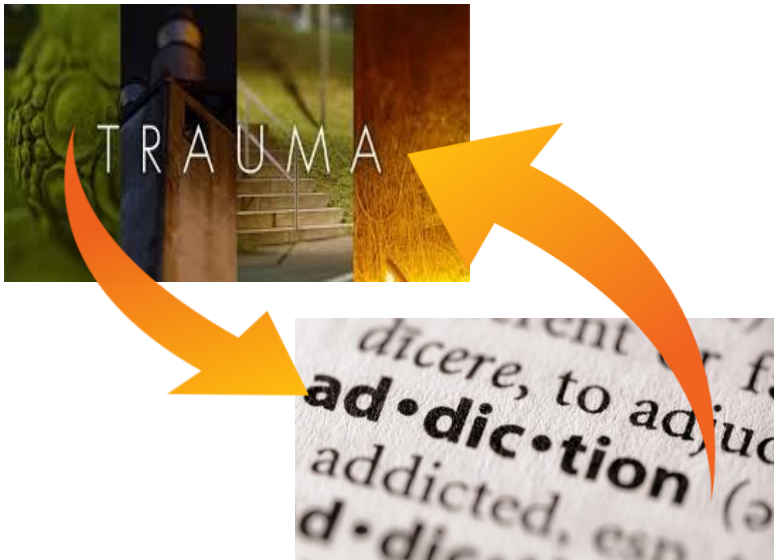


20 of 100 people with 7 ACEs attempt suicide

Childhood Experiences and Adult Alcoholism



Making Connections



- Sources estimate that 25 -75% of abuse and/or violent trauma survivors develop alcohol misuse issues
- Survivors of accidents, illness, or natural disasters have between 10 to 33% higher rates of addiction
- A diagnosis of PTSD increases the risk of developing alcohol misuse
- Female trauma survivors face increased risk for an alcohol use disorder
- Male and female sexual abuse survivors experience a higher rate of addiction

Changing the Narrative

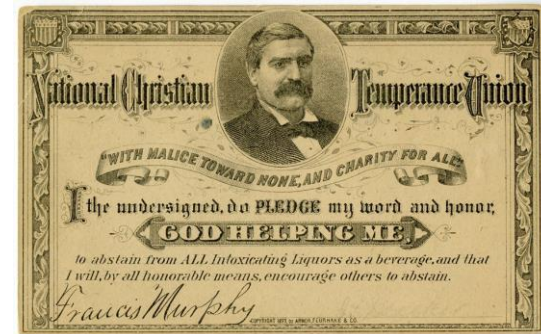


~~What is wrong with you?~~

What happened to you?

The History of Addiction Treatment in America

- Early 1800's: drunkenness equated with **sin**, a few Homes for the Fallen were opened
- **Temperance** movement ;linked to religious oriented missions (Abstinence based)
- Late 1800's asylums closed and inebriated persons were placed in jails or workhouses
- Sigmund Freud advocating use of cocaine, opiates present in OTC 'cures'
- 1919: Supreme Court made it illegal for physicians to practice harm reduction
- AA begins in 1930's; Founded by men who overcame alcoholism
- 1940's through 1960's some research and inklings that addiction might be a disease: At this point a split in care: Medical vs. community; Antabuse and methadone are being developed, hospitals are being urged to admit people for detox, AA membership surpasses 100,000.
- 1980's Just Say No: zero tolerance. Resurgence of criminal justice involvement in 'intervening' with substance use. War on Drugs
- 1990's: ASAM published levels of care system, Decade of the Brain
- 2000: McLellan: Addiction as *Chronic* medical illness
- 2008: Addictions Equity Act
- 2013: "Year of the Brain"
- 2016 Surgeon Generals Report:



FACING ADDICTION IN AMERICA

*The Surgeon General's Report on
Alcohol, Drugs, and Health*

U.S. Department of Health & Human Services

Addiction is...

- **not** a moral or **spiritual** failing
- **not** **lack of will** or **responsibility**
- **not** a **character** defect
- **not** an **addictive personality** type
- **does not** have personality components such as **denial, rationalization, evasion, defensiveness, manipulation, and resistance** or ***any abnormally robust defense mechanisms***



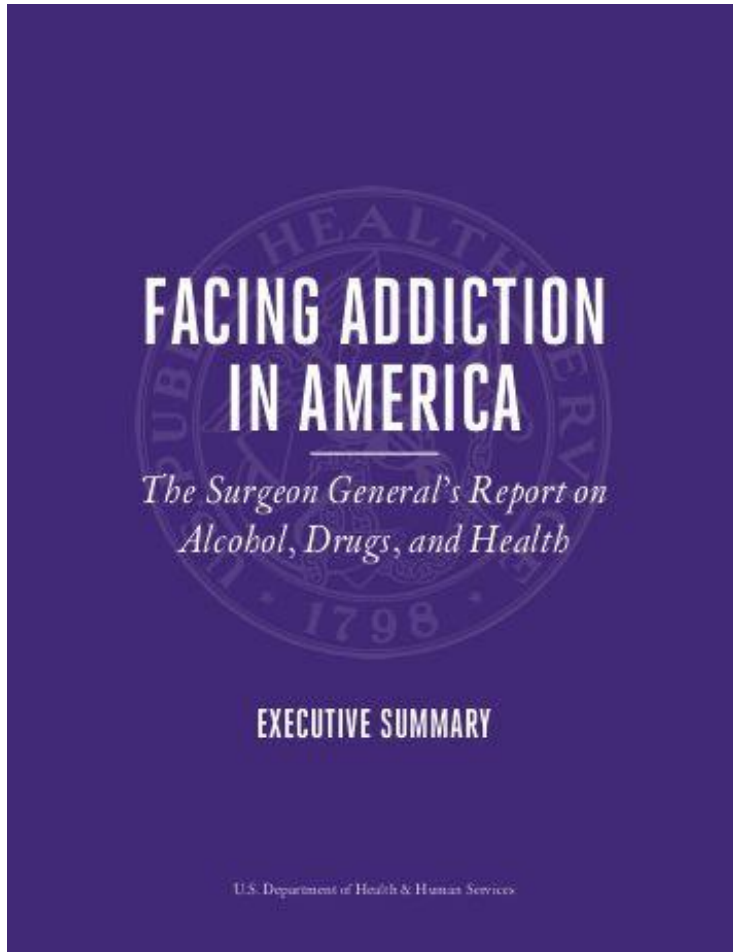
SAMHSA

The Importance of Addressing Addiction in a Trauma Informed and Recovery Oriented System of Care

- Hierarchical
- Power dynamics
- Behavior modification
- Assumption of dishonesty
- Hitting rock-bottom is the only way to recover
- Client has to 'want it bad enough'

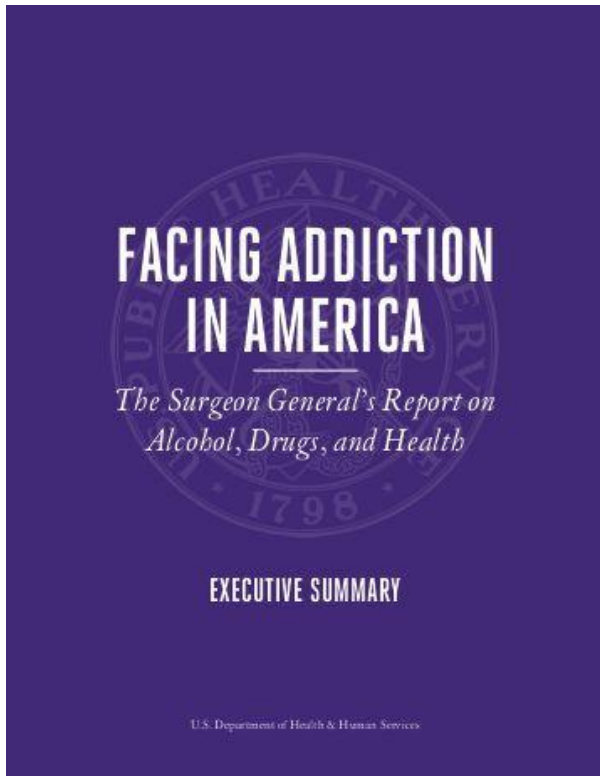


Changing the Addiction Paradigm



- Moving from addiction as a moral failing to a chronic brain disorder
- Moving from criminal justice approaches to public health strategies
- Dropping old, stigmatizing language and developing new terminology
- Developing a science base that informs policy and practice
- Addressing substance use, misuse, and disorders across a full continuum and the lifespan: *prevention, treatment, recovery management*

Addiction: Science-based Definition



Well-supported scientific evidence shows that addiction to alcohol or drugs is a chronic brain disease that has potential for recurrence and recovery.

Addiction IS...

Addiction is not a moral failing;
it is a disease in which essential
motivational and self-control
systems of the brain are
compromised.

Dr. Nora Volkow, NIDA Director

Addiction is a primary, chronic and relapsing brain disease characterized by an individual pathologically pursuing reward and/or relief by substance use and other behaviors

- ASAM

Toxic Stress

- <https://www.youtube.com/watch?v=rVwFkcOZHJw&feature=youtu.be>



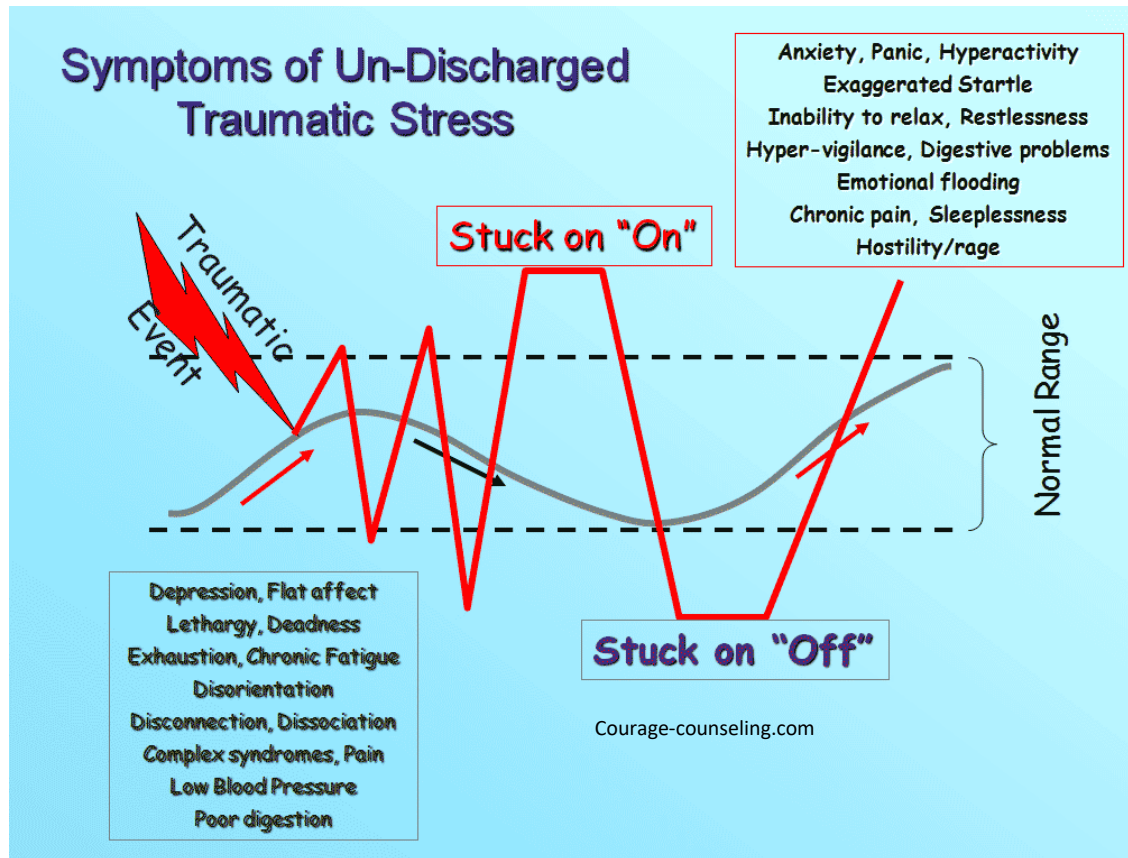
Center on the Developing Child
HARVARD UNIVERSITY

<https://developingchild.harvard.edu/>

<https://www.youtube.com/channel/UChBjCaJyswxsEqz26TZrWRW>



The Physiological Dysregulation at the Center



Another Point of View

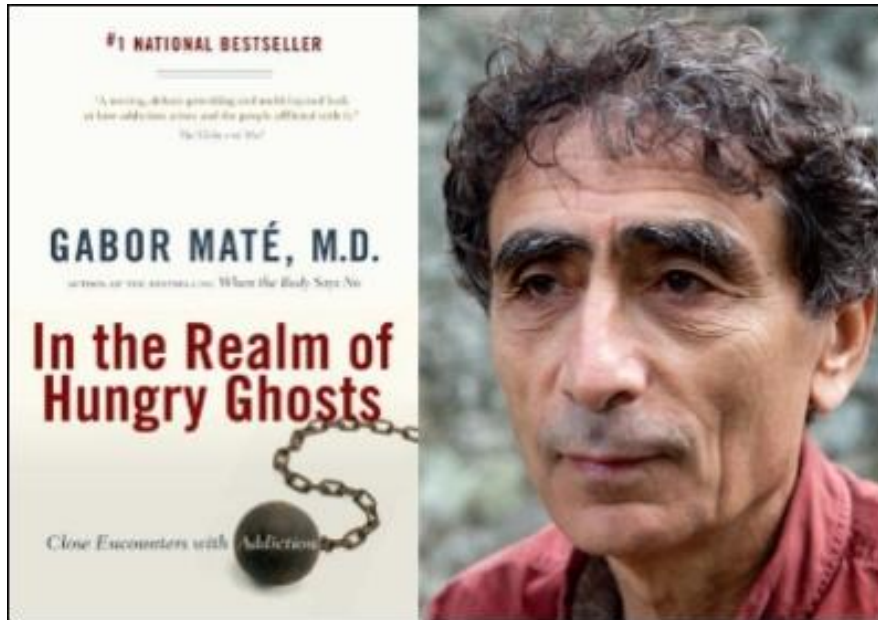


... people discover that opioids are an excellent short-term balm for existential maladies like self-loathing, emptiness, erosion of purpose, and isolation. Years of heavy use condition people to desire drugs at the first stab of distress. After so much time spent damaging themselves, their families, and their futures, a new layer of anguish has formed over the original bedrock of misery, urging onward the cycle of misery-and-relief. Surely, people don't chose to be addicts, but that is not what they are choosing: what they want is relief.

Sally Satel 2017



Addiction and the Brain



Any behavior that is associated with 1) craving and temporary relief and 2) long-term negative consequences

And that a person is not able to give up.

People use substances to “self-medicate to sooth their emotional pain – but more than that, their brain development was sabotaged by their traumatic experiences.”

Mate, Gabor, MD. (2010). In the Realm of the Hungry Ghosts.

An ACEs Perspective

The current concept of addiction is ill founded. Our study of the relationship of adverse childhood experiences to adult health status in over 17,000 persons shows addiction to be a readily understandable although largely unconscious attempt to gain relief from well-concealed prior life traumas by using psychoactive materials.

Fetitti 2003



More on ACEs and Addiction



We propose giving up our old mechanistic explanation of addiction in favor of one that explains it in terms of its psychodynamics: unconscious although understandable decisions being made to seek chemical relief from the ongoing effects of old trauma, often at the cost of accepting future health risk.

Fetitti 2003

Why don't YOU just STOP!?!

Many people still perceive addiction as a “choice” and that addicted individuals really can control it

Why can't they just stop?

Because of what is occurring in the brain.

Cause and Controllability

Stigma is influenced by two main factors:

1. Cause: to the extent people believe an individual is *not responsible* for the attribute, behavior, or condition

“It’s not their fault” stigma is diminished.

2. Controllability: to the extent that people believe that the attribute, behavior, or condition is *beyond the individual’s personal control*

“they can’t help it” stigma is lessened.

SHAME

Shame is the intensely painful feeling or experience of believing that we are flawed and therefore unworthy of love and belonging – something we've experienced, done, or failed to do makes us unworthy of connection. *Brene Brown*

“An addict needs shame
like a man dying of thirst needs salt water”

Terrence Real



Trauma-Informed care Recovery-Oriented Systems of Care



A trauma-informed approach is based on the recognition that many behaviors and responses expressed by survivors are directly related to traumatic experiences

National Center for Trauma-Informed Care - NCTIC



What is a Trauma-Informed Approach?

Realizes

- Realizes widespread impact of trauma and understands potential paths for recovery

Recognizes

- Recognizes signs and symptoms of trauma in clients, families, staff, and others involved with the system

Responds

- Responds by fully integrating knowledge about trauma into policies, procedures, and practices

Resists

- Seeks to actively resist re-traumatization

From SAMHSA's Concept Paper



Principles of a Trauma-Informed Approach

- Safety
- Trustworthiness and Transparency
- Collaboration and mutuality
- Empowerment
- Voice and choice
- Respect for cultural, historical and gender differences

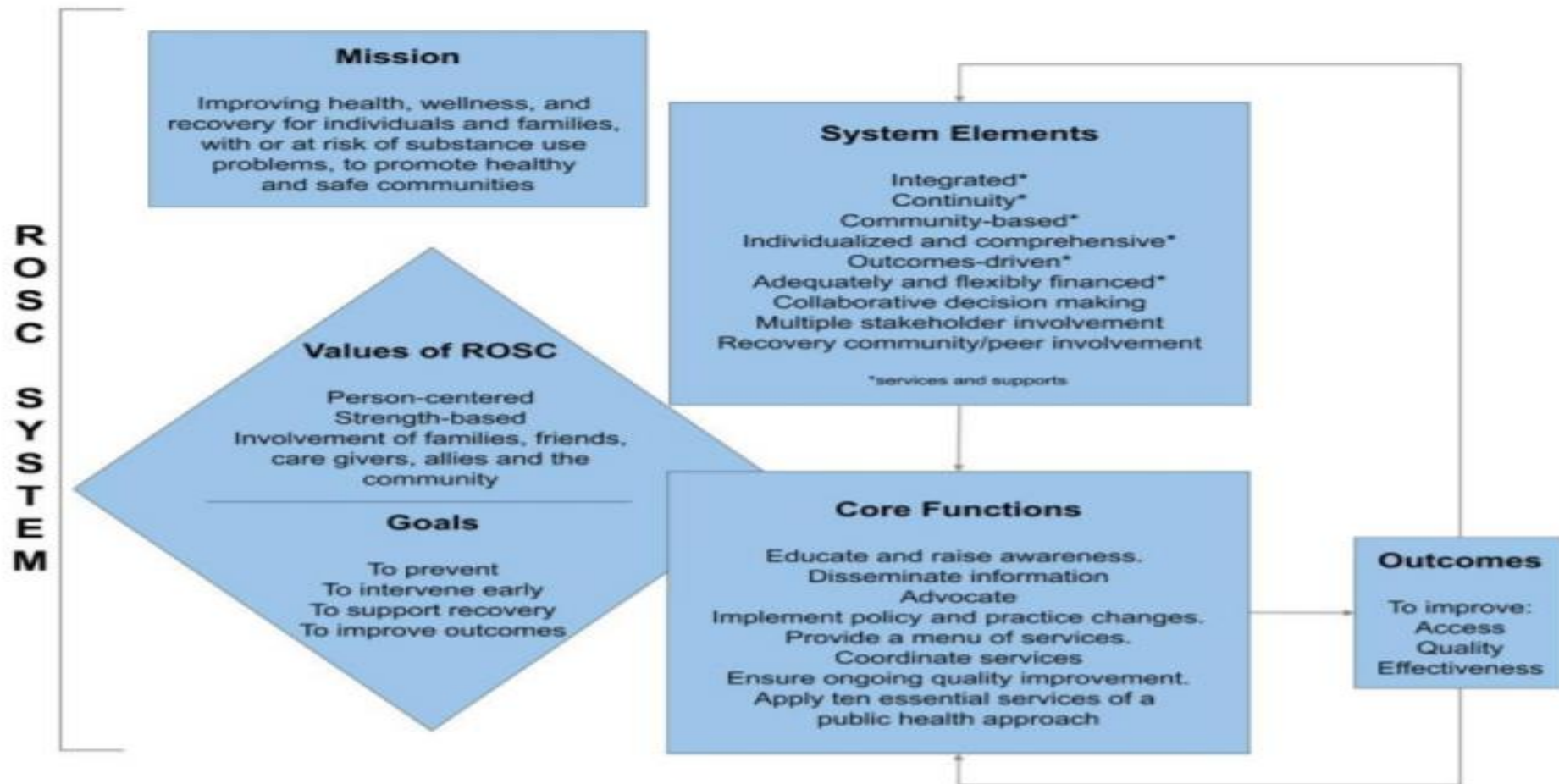
Distinguishing Features of a ROSC

Services that are:

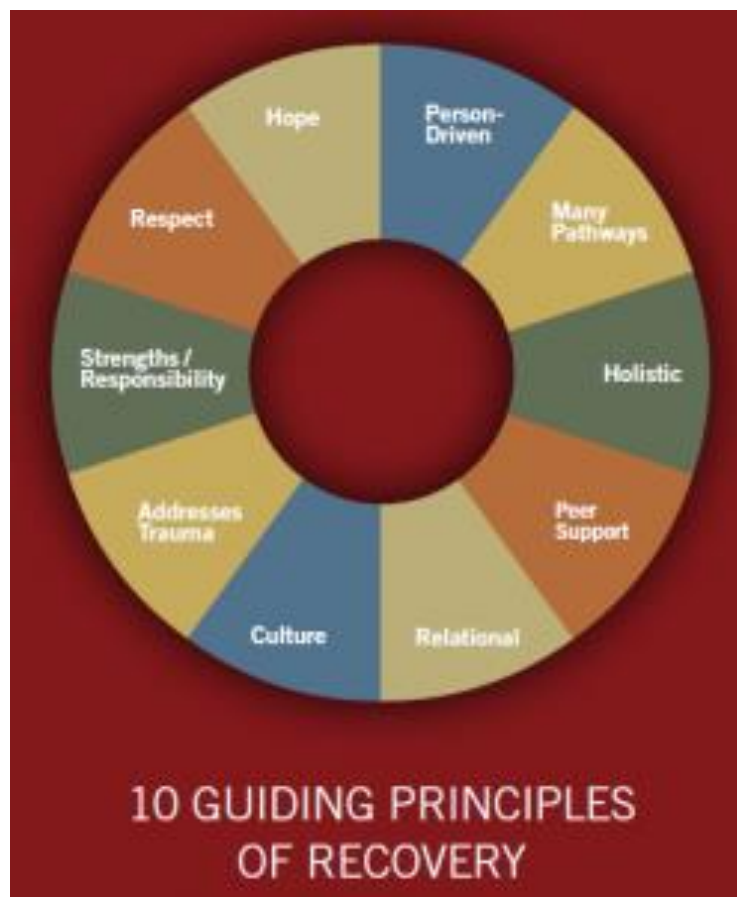
- | | |
|---|----------------------------------|
| ✓ | Person-centered |
| ✓ | Strength-based |
| ✓ | Trauma-informed |
| ✓ | Inclusive of family |
| ✓ | Individualized and comprehensive |
| ✓ | Connected to the community |
| ✓ | Outcomes-driven |
| ✓ | Evidence-based |
| ✓ | Adequately and flexibly funded |



Recovery Oriented Systems of Care



SAMHSA's Working Definition of Recovery



A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.

(SAMHSA, 2011)

Trauma & Addiction

- Defining and recovery from root causes
- Identify and lift barriers to getting well
- Motivational Enhancement with relevant and reasonable aims
- Self-insight; helping to connect emotions and thoughts
- Connection with others, community affiliation
- Contact, engagement, trust
- Create stability through recovery management



Crosswalk: Values and Principles

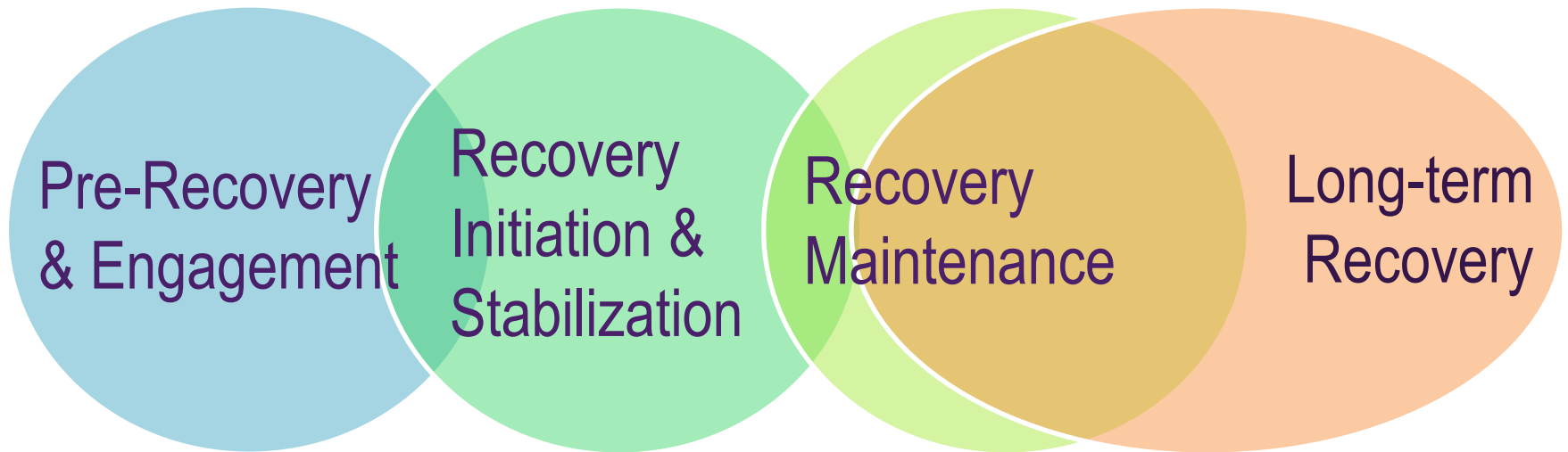
Recovery	Trauma-informed
Authenticity of recovery experience and voice	Empowerment, voice, and choice Safety
Recovery visibility and accountability	Trustworthiness and Transparency
Leadership development	Peer Support
Cultural diversity and inclusion	Cultural, Historical, and Gender Issues
Participatory process	Collaboration and Mutuality
Strength-based perspectives	Empowerment, Voice, and Choice
Peer support, volunteerism, and service	Peer Support



What can we do?

- Medications
- Integration
- Peers and Recovery coaches
- Technology
- Prioritize the relationship
- Seek ways to build connection
- Embrace compassion instead of punishment

Continuum of Addiction Recovery



William White



Sensitive Practices in Treatment Settings

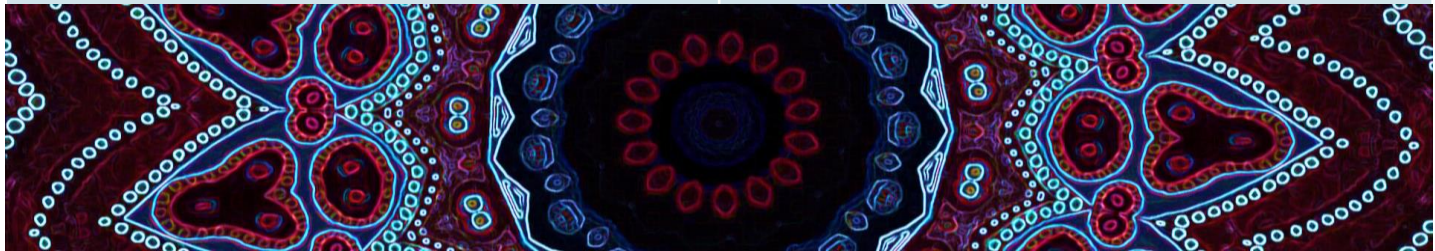
- Be respectful
- Take time
- Build rapport
- Share information
- Share control
- Respect boundaries
- Foster mutual learning
- Understand non-linear healing
- Demonstrate awareness
and knowledge of trauma



*Handbook on Sensitive Practice for Health Care Practitioners:
Lessons from Adult Survivors of Childhood Sexual Abuse*

The Importance of Attitudes and Beliefs

What Hurts?	What Helps?
<ul style="list-style-type: none">■ Asking questions that convey the idea that “there is something wrong with the person”■ Judgments and prejudices based on cultural ignorance■ Regarding a person’s difficulties only as symptoms of a mental health, substance use or medical problem	<ul style="list-style-type: none">■ Asking questions for the purpose of understanding what harmful events may contribute to current problems■ Understanding the role of culture in trauma response■ Recognizing that symptoms are often a persons way of coping with trauma or are adaptations



The Importance of Relationships

What Hurts?	What Helps?
<ul style="list-style-type: none">Interactions that are humiliating, harsh, impersonal, disrespectful, critical, demanding, and judgmental	<ul style="list-style-type: none">Interactions that express kindness, patience, reassurance, calm and acceptance and listeningFrequent use of words like please and thank you
TOXIC RELATIONSHIP 	HEALTHY RELATIONSHIP 

The Importance of Environment

What Hurts?	What Helps?
<ul style="list-style-type: none">■ Congested areas that are noisy■ Poor signage that is confusing■ Uncomfortable furniture■ Separate bathrooms■ Cold non-inviting colors and paintings/posters on the wall	<ul style="list-style-type: none">■ Comfortable, calming, and private treatment and waiting. Furniture is clean and comfortable■ No wrong door philosophy■ Integrated restrooms■ Messages conveyed throughout that are positive and hopeful



A Shared Future Vision



That individuals in and seeking recovery:

- Be active agents of change in their own lives – not passive recipients of services
- Manage and move beyond symptoms and not be defined by illness
- Have valued social roles and relationships
- Embrace purpose and meaning in their lives and make worthwhile contributions
- Live self-actualized and abundant lives

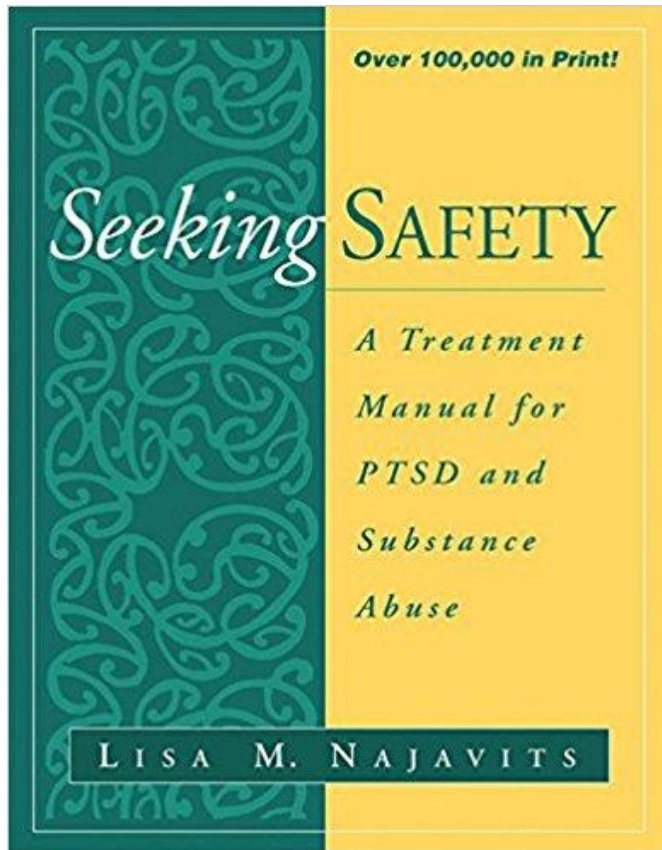
Adapted from Ijeoma Achara

Resources

- <https://www.integration.samhsa.gov/clinical-practice/trauma-informed>
- <https://www.thenationalcouncil.org/opioid-use-disorders/>
- [Center on the Developing Child at Harvard University](#)
Toxic Stress Derails Healthy Development:
<https://youtu.be/rVwFkcOZHJw>
- Experiences Build Brain Architecture:
<https://youtu.be/VNNsN9IJkws>
- <https://www.thenationalcouncil.org/mat/>



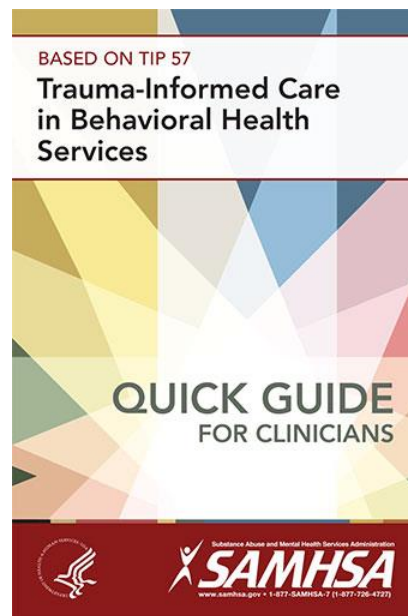
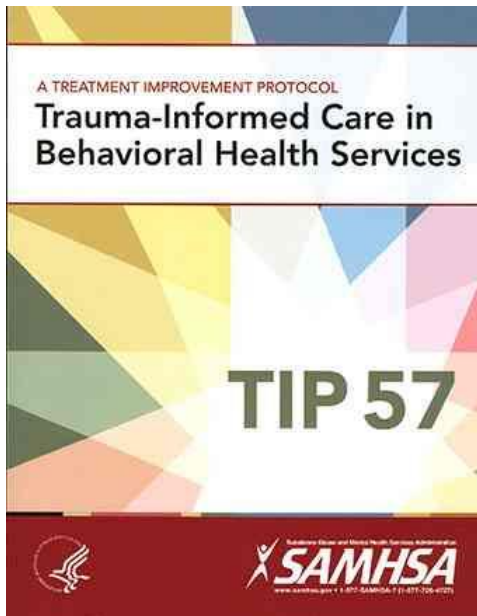
Seeking Safety



Key Principles

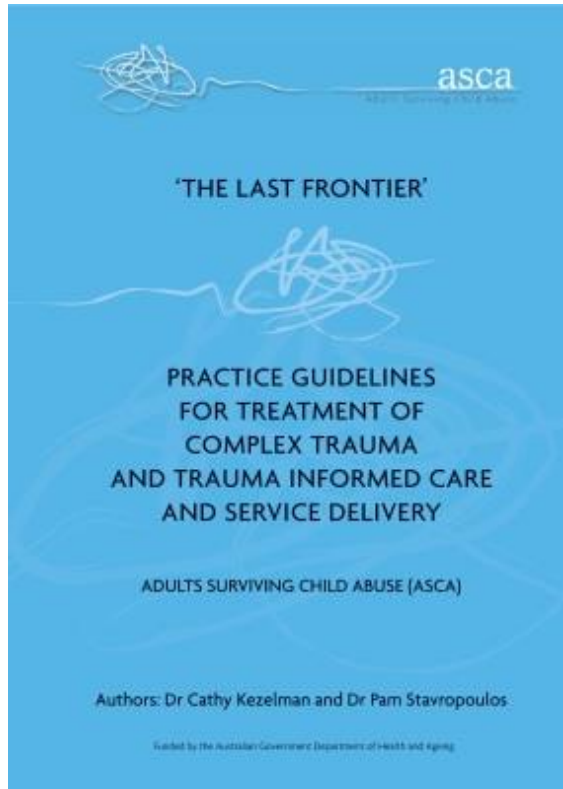
- Safety
- Integrated treatment
- Focus on ideals
- Four content areas:
 - Cognitive
 - Behavioral
 - Interpersonal
 - Case management
- Attention to clinician processes

SAMHSA's Tip 57



- Impact and consequences of trauma
- Assessment
- Treatment planning
- Strategies that support recovery
- Building a trauma-informed care workforce

ASCA (Adults Surviving Child Abuse) Practice Guidelines



- Addressing clinicians and staff who may:
- Have their own traumatic histories
 - Seek to avoid re-experiencing their own emotions
 - Respond personally to others' emotional states
 - Perceive behavior as personal threat or provocation



THANK
YOU

Q&A



Contact Information

Karen Johnson

KarenJ@TheNationalCouncil.org

Nick Szubiak

NickS@TheNationalCouncil.org

