



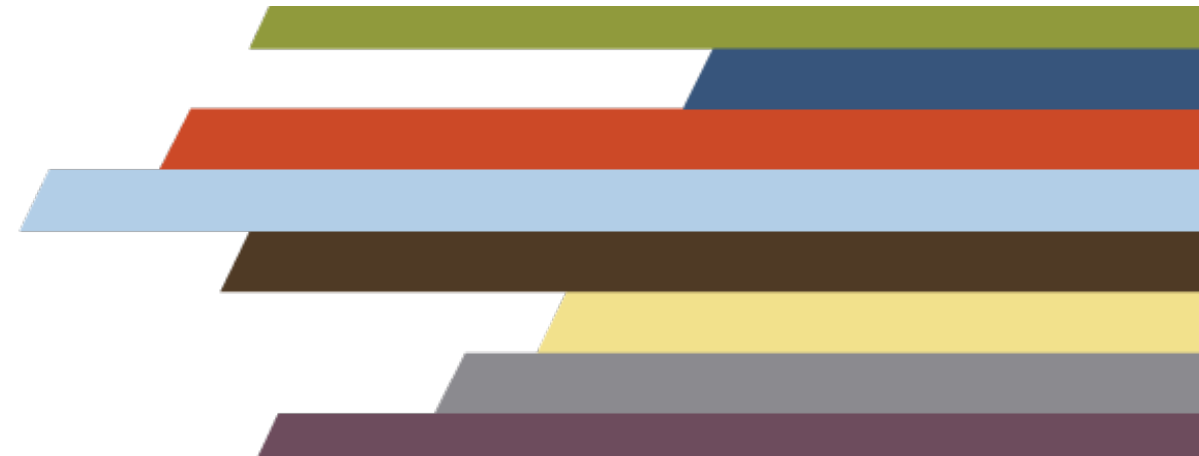
New England (HHS Region 1)

ATTC

Addiction Technology Transfer Center Network  
Funded by Substance Abuse and Mental Health Services Administration

# Trauma Integrated Addiction Treatment

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# Disclosures

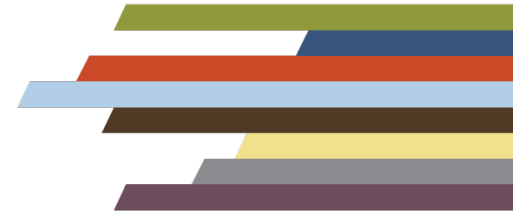
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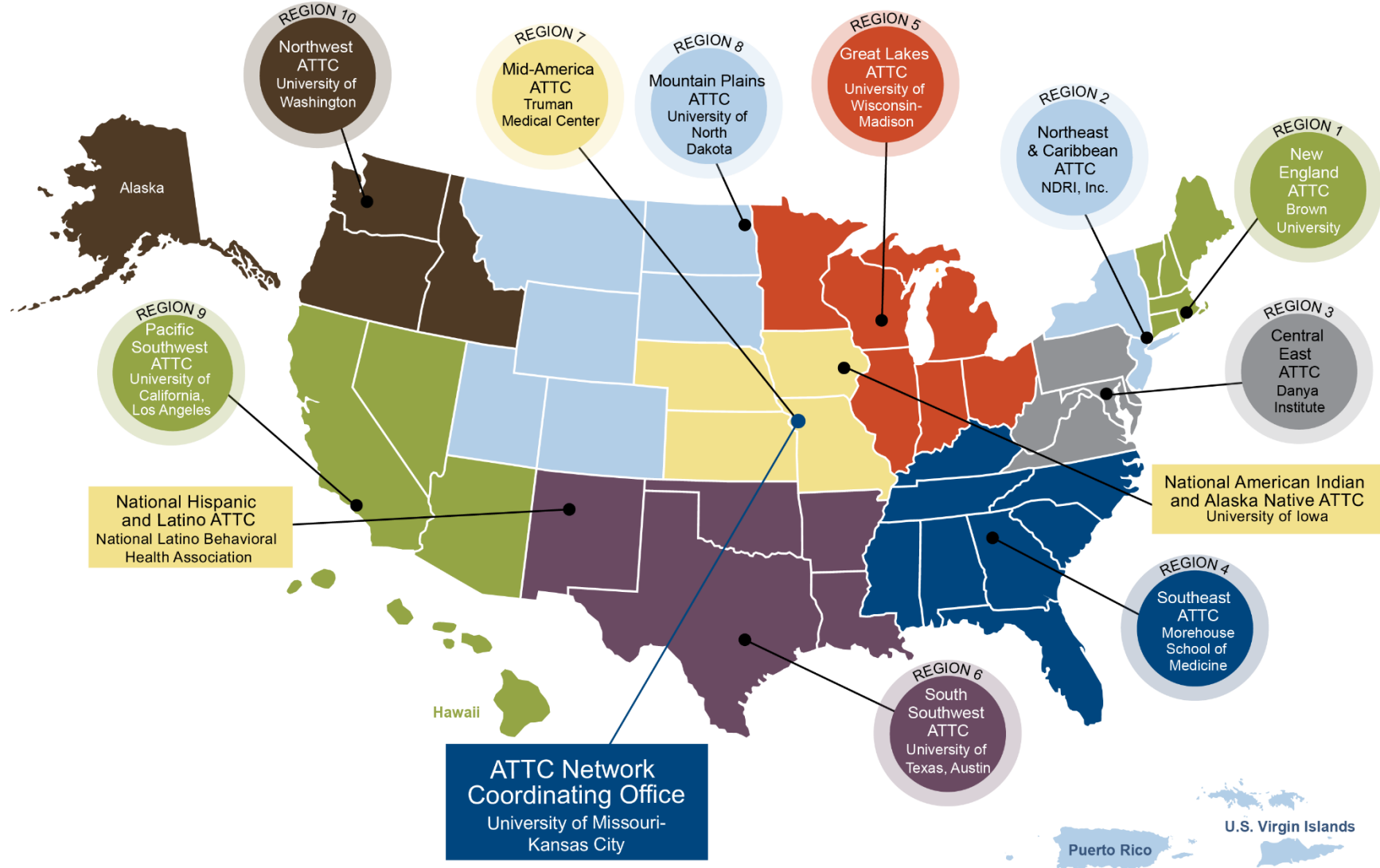




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## U.S.-based ATTC Network



# Grounding Exercise



# Introductions

- Your Name
- Where you work/your position
- What you hope to learn today



# Self-care

- Trauma Informed Training
- Balance Vulnerability with Safety

# Coping Skills & Positive Resources

- Peaceful Place
- Protective Figure or Protected Place
- Comforting Figure or Comforting Place
- Wisdom Figure of Place or Receive Wisdom
- Distancing Technique
- Adult Self

# 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.



# Addiction and the Brain

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



# Pathology of Addiction

Click to Play Video



# Addiction and Trauma

- 42 to 95%

of people coming into  
treatment for addiction report  
trauma histories



# What is Trauma?



# Definition of Trauma

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

# Prevalence of Trauma

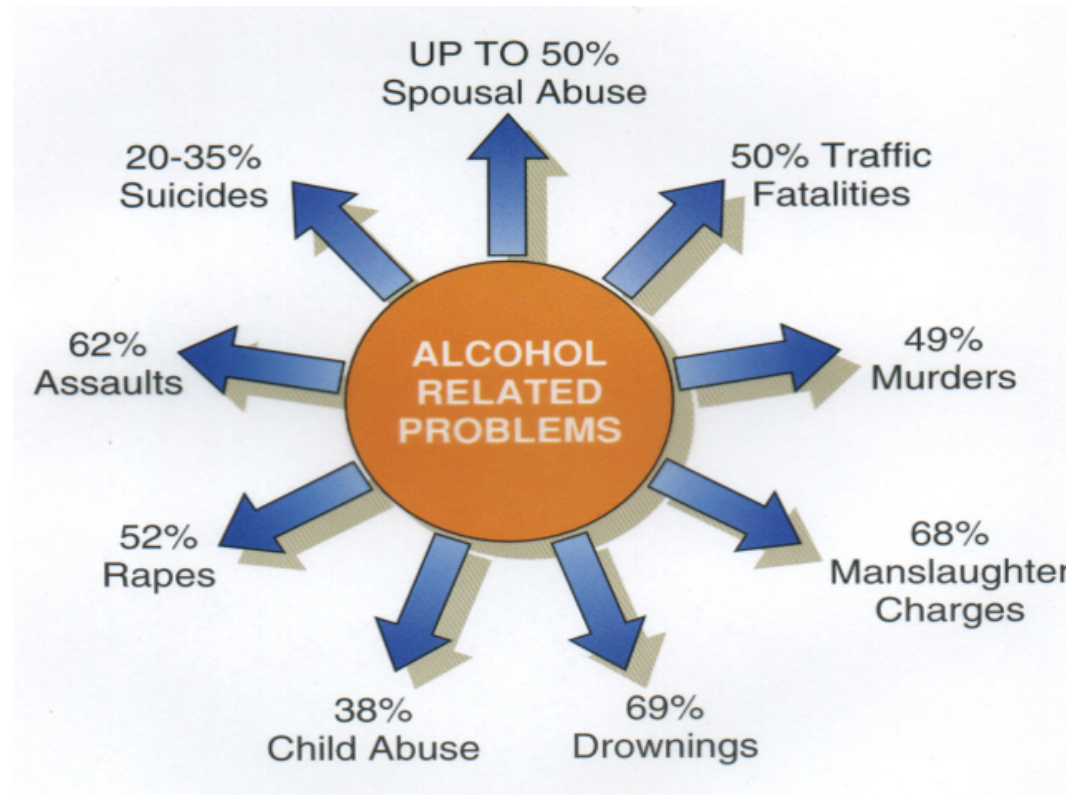
- According to the National Center for PTSD:
- 61% of men and 51% of women report having experienced at least **one traumatic event** (lifetime)
- 10% of men and 6% of women report having experienced **four or more traumatic events** (lifetime)
- Worldwide, it is estimated that two-thirds of the population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

# PTSD & Substance Use Disorders

## 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)

# Relationship Between Addiction & Trauma



- 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!



# PTSD & Substance Abuse Disorders

## Childhood trauma – more severe symptoms, vulnerable to relapse

- 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)

# Need to broaden our understanding of how individuals are traumatized!

## 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

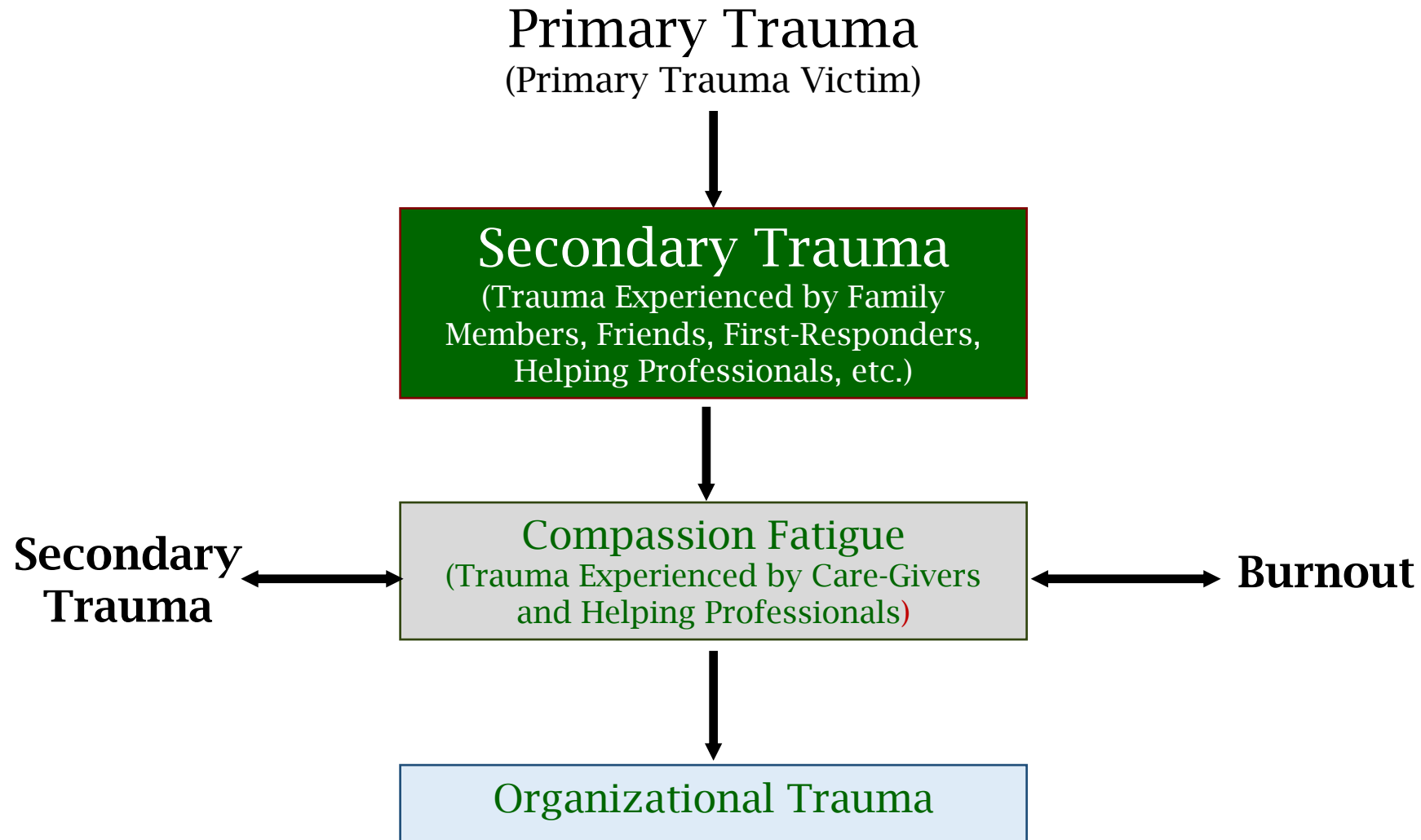
# Exercise:

- List types of instances that cause trauma.

# The Theory of Trauma

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

# Continuum of Traumatic Stress



# Secondary Traumatic Stress

- Can be incurred when an individual is exposed to people who have been traumatized themselves;
- Disturbing descriptions of traumatic events by a survivor, or others inflicting cruelty on one another;
- Symptoms of secondary trauma are similar to those of PTSD
- Secondary trauma has been researched in first responders, nurses and physicians, mental health care workers, and children of traumatized parents;
- Unaddressed Secondary Traumatic Stress often results in Compassion Fatigue.

# Burn Out

- Occupational problem linked to long-term, unresolved, work-related stress;
- Characterized by
  - Feelings of energy depletion or exhaustion,
  - Increased mental distance from one's job,
  - Reduced ability to meet the needs or expectations of the job.
- Leads to depersonalization of the individuals encountered in the work;
- While not recognized as a health condition, it is characterized by the symptoms of depression.
- Unaddressed STS may result in Compassion Fatigue and lead to Burnout.
- A number of researchers indicate that Burnout may not be reversible.

# Secondary Traumatic Stress

- Individuals working with others who have experienced trauma are susceptible to SECONDARY TRAUMATIC STRESS.
- Unresolved Secondary Traumatic Stress can result in COMPASSION FATIGUE over time.
- Continued Secondary Traumatic Stress, which has resulted in Compassion Fatigue, over time can result in BURNOUT which may result in our not being able to do the work of support we are drawn to.



# Organizational Trauma

Traumas debilitate an organization, temporarily or long term.

Organizational trauma may come from one of four sources:

- Single catastrophic event
- Ongoing wounding
- Redemptive nature of the work
- Empathic nature of the work

# Potential Warning Signs of Burnout

- Diminished creativity
- Inability to embrace complexity
- Minimizing
- Chronic exhaustion
- Physical ailments
- Avoidance
- Inability to listen
- Feeling helpless and hopeless-can't do enough
- Feel the need to rescue, heal, or fix
- Hypervigilance
- Dissociative moments
- Sense of persecution
- Guilt & Fear

# Self Assessment

- Complete the Professional Quality of Life Scale (PROQOL)

# Self Care

## DO

- Find someone to talk to.
- Understand that the pain you feel is normal.
- Exercise and eat properly.
- Get enough sleep.
- Take some time off.
- Develop outside interests.
- Identify what's important to you

## DON'T

- Blame others.
- Look for a new job, get a divorce or have an affair.
- Make a habit of complaining to your colleagues.
- Work harder and longer.
- Self-medicate.
- Neglect your own needs and interests

# Self Care Plan

Break up into groups of three or four.

- In your smaller groups, review the suggestions on the Handout and discuss the benefits of each suggestion.
- As you work through the suggestions, identify the sources of Secondary Traumatic Stress – or just stress - in your own life.
- Select no more than two suggestions to enhance your own self-care.
- Share your suggestions in your smaller group.
- As you complete the Plan, “Dig where the ground is soft.” Which of these opportunities to enhance your care of yourself will bring you energy and reduce your stress?

# Trauma Informed Care



# Core Principles of Trauma-Informed Care

- *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

- *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 person's life, thoughts, feelings, and experiences.



# Good Will Hunting “its not your fault””



<https://www.bing.com/videos/search?q=goog+will+hunting+not+you+r+fault&view=detail&mid=90DF8C0FFC0115983F1E90DF8C0FFC0115983F1E&FORM=VIRE>

# The Theory of Trauma

- “Big T” and “Little T” trauma
- Complex PTSD
- Attachment Disorder
- Iatrogenic Trauma

# The Role of Attachment in Trauma

- **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

# Still face video

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

# Adverse Childhood Events (ACE) Study

- 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.

# Adverse Childhood Events (ACE) Study

## **Before age 18:**

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

# Adverse Childhood Events (ACE) Study

## 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)

# Adverse Childhood Events (ACE) Study

## 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).



# Adverse Childhood Events (ACE) Study

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

(Felitti & Anda, 2010)

"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."

(Spinnazola et. al 2014)

# Attunement Exercise



# Trauma and the Brain

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

The PTSD response can become complex and chronic.

# American Sniper Tire Scene



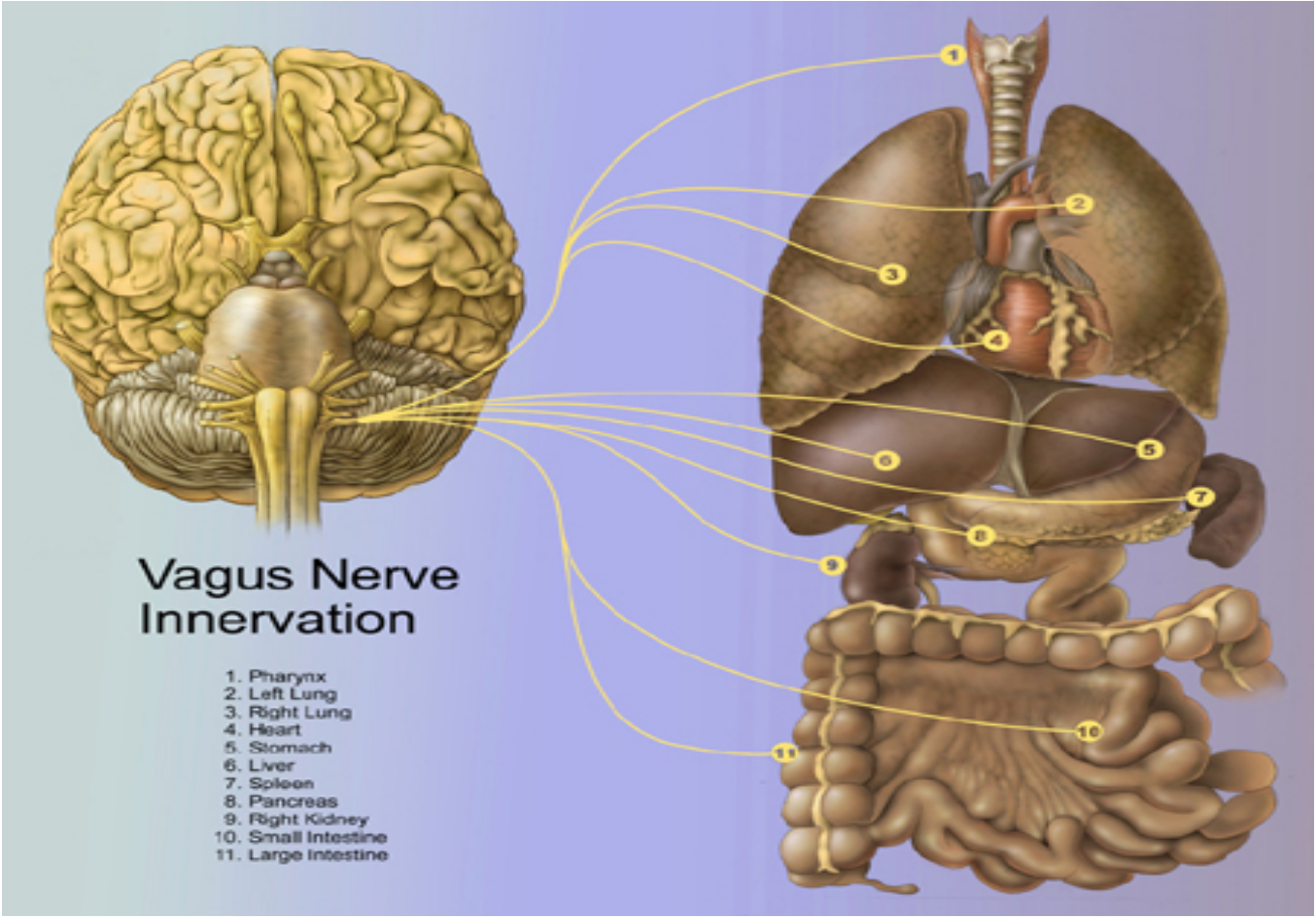
# Vagus Nerve Function

- 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.

# Survivors Learned Behaviors

- Profoundly hurt
- Betrayed
- High sense of mistrust
- Highly frustrated
- Quick to react
- Tendency to blame
- May feel entitled
- May use deceptive maneuvers
- Use graphic details when telling stories
- Hesitant to tell the truth

# Vagus Nerve





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

- 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



# Neurobiology of Trauma

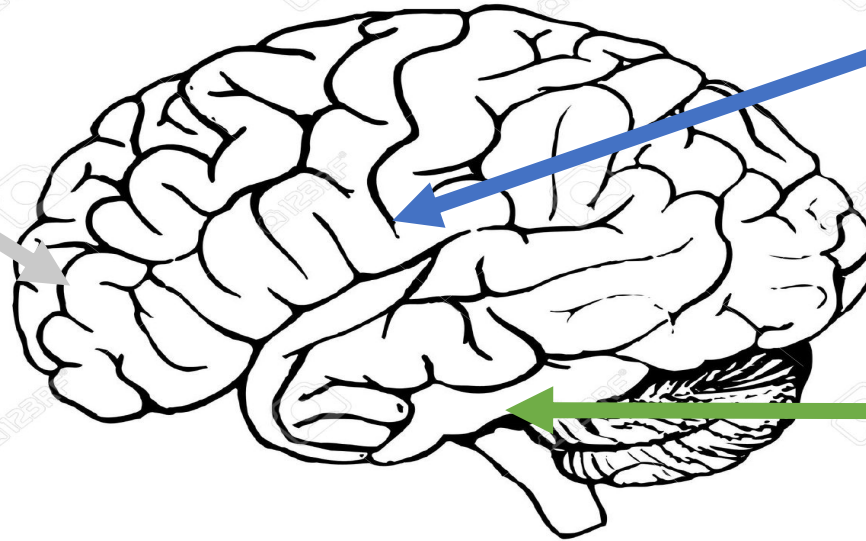
- Research into the neurobiological aspects of trauma has found that trauma disrupts neural networks inhibiting traumatic experiences from being processed into a way that can be understood consciously (Lee, Zaharlick Akers, 2009).
- As a result these traumatic memories stay in lower regions of the brain 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)

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*

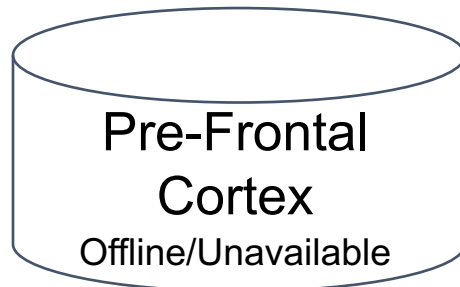
# Integrating Trauma Memories

(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.

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

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



Extreme Stress interferes with hippocampal functioning, memories based on fragments of information.

Hippocampus

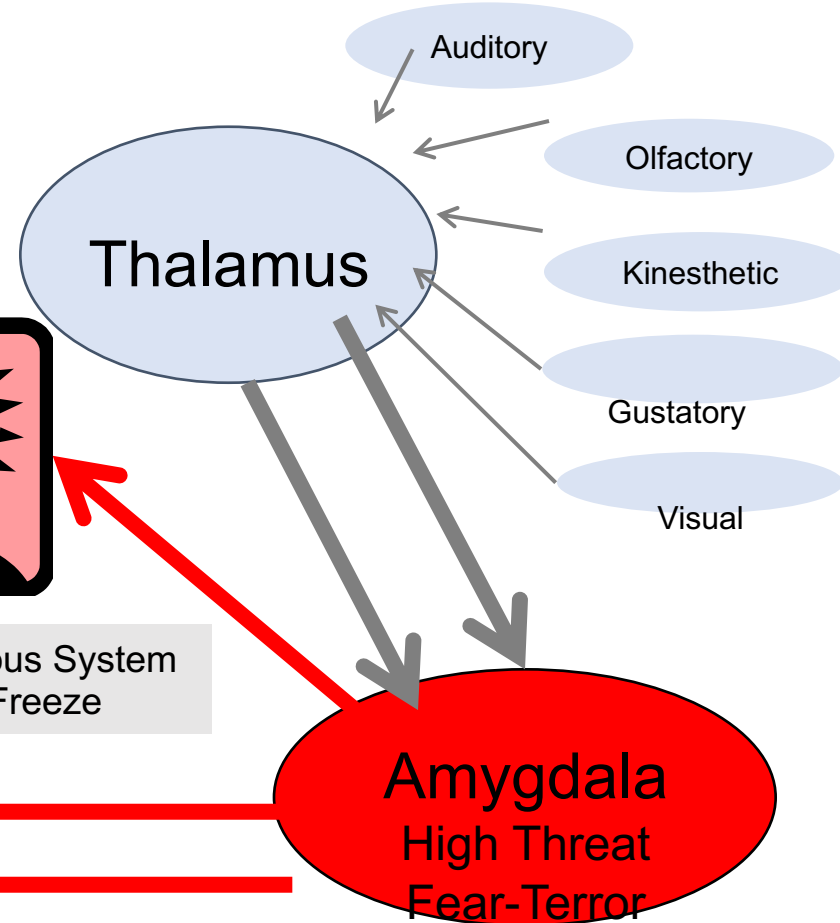
Spatial Memory  
Shift from Short to Long Term  
Fit information into existing cognitive Schema



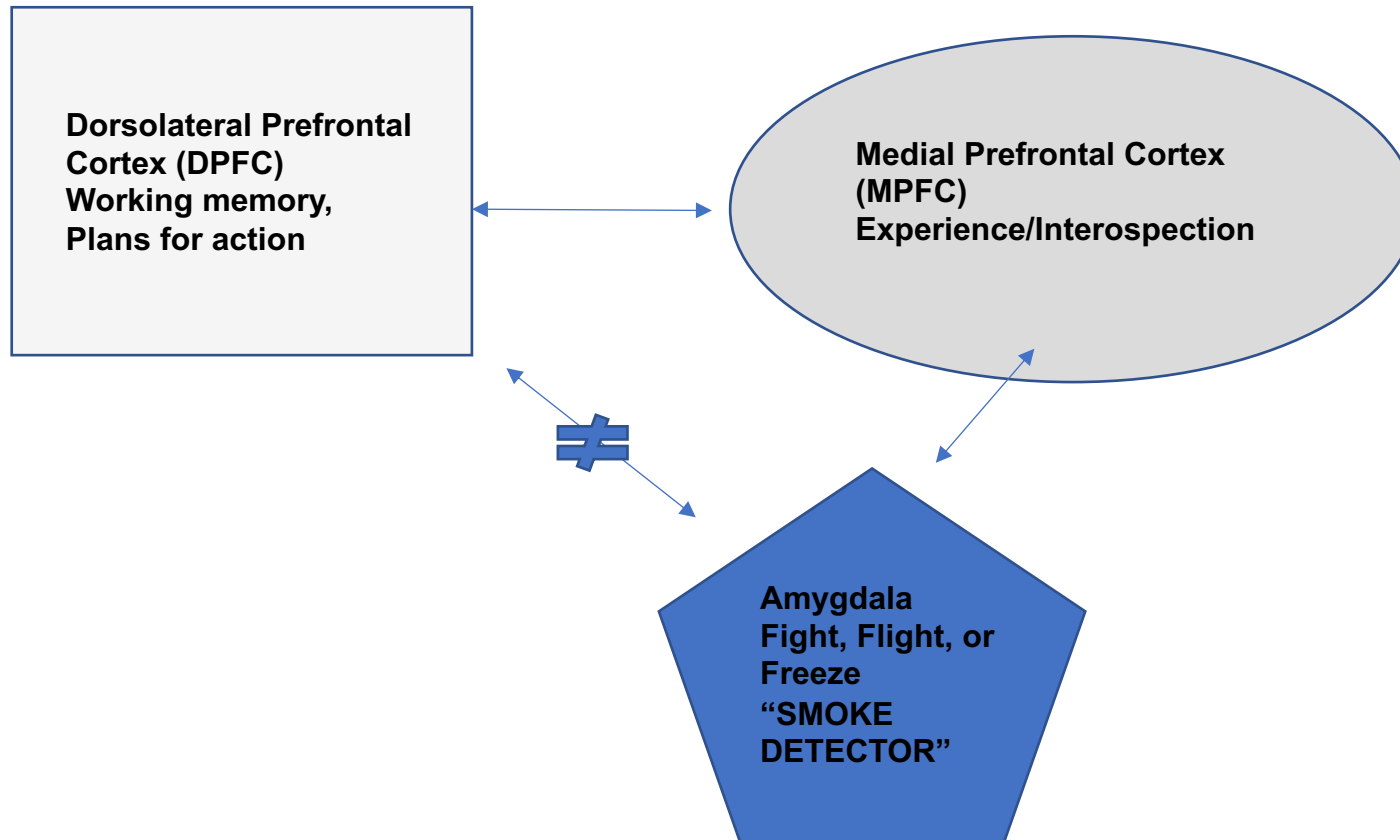
Autonomic Nervous System  
Fight/Flight/Freeze



Traumatic Memory - Poor Integration



# Neurobiology of Trauma and Mindfulness



# Emotional Communication Exercise

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



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

- 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?

# EMDR: Eye Movement Desensitization Re-processing

- EMDR is a psychotherapy for PTSD. EMDR can help you process upsetting memories, thoughts, and feelings related to the trauma. By processing these experiences, you can get relief from PTSD symptoms.
- Parnell Institute -<http://drlaurelparnell.com/>
- Training/ Certification

# Resiliency

- Most commonly, the term resilience has come to mean an individual's ability to overcome adversity and continue his or her normal development.

# 5 Factors that Contribute to Resiliency

- General Factors
- Relationship Factors
- Community Factors
- Cultural Factors
- Physiology Factors

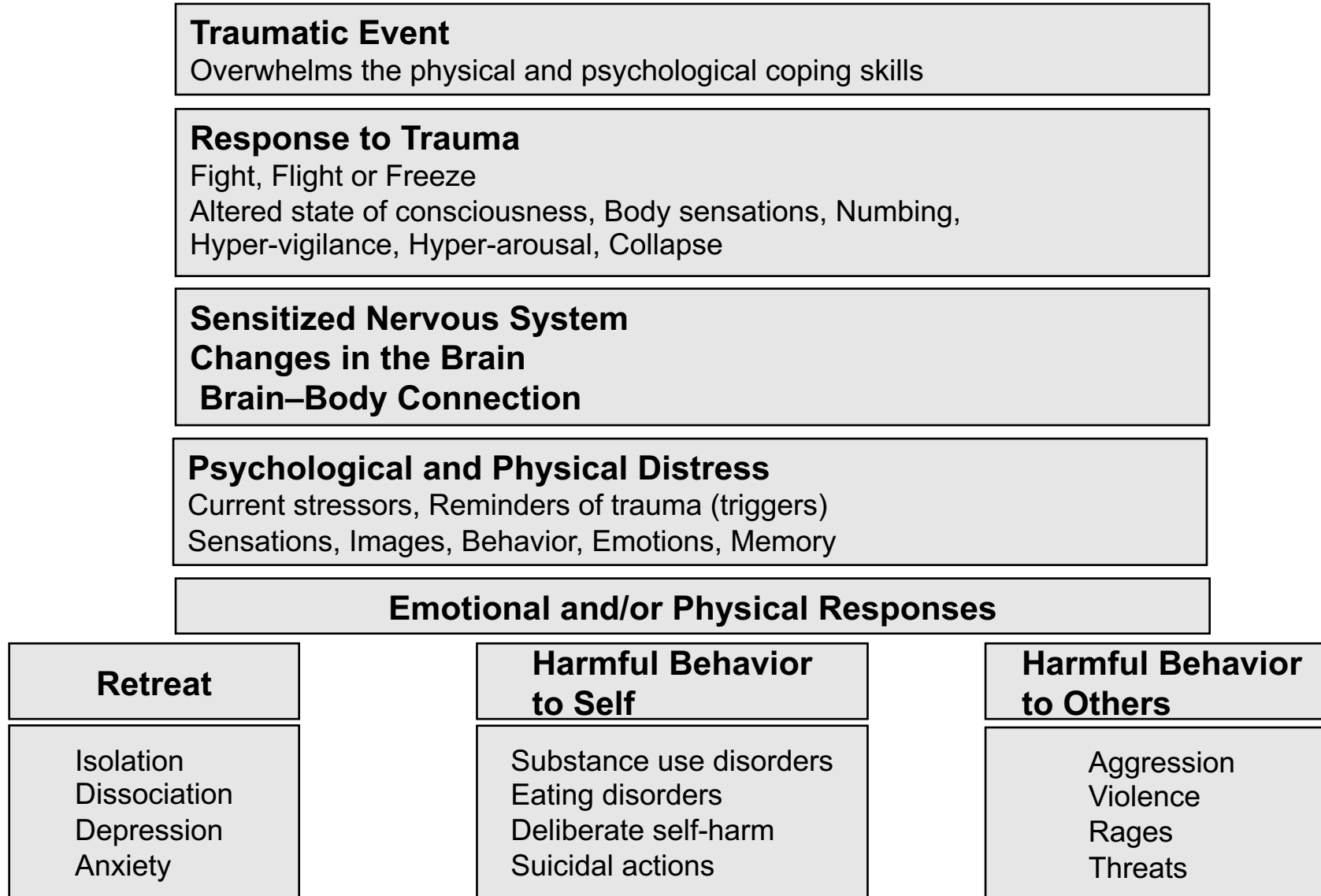
# Post Traumatic Growth

- The research suggests that between 30-70% of individuals who experienced trauma also report positive change and growth coming out of the traumatic experience (Joseph and Butler, 2010).
- The “experience of individuals whose development, at least in some areas has surpassed what was present before the struggle with crises occurred. The individual has not only survived, but has experienced changes that are viewed as important, and that go beyond the status quo” (Tedeschi and Calhoun, 2004).
- Profound Changes

# Gender 101

- Sex
- Gender
- Gender Identity
- Gender Expression

# Process of Trauma



# The Theory of Trauma

- 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



# Psychiatric Diagnoses

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

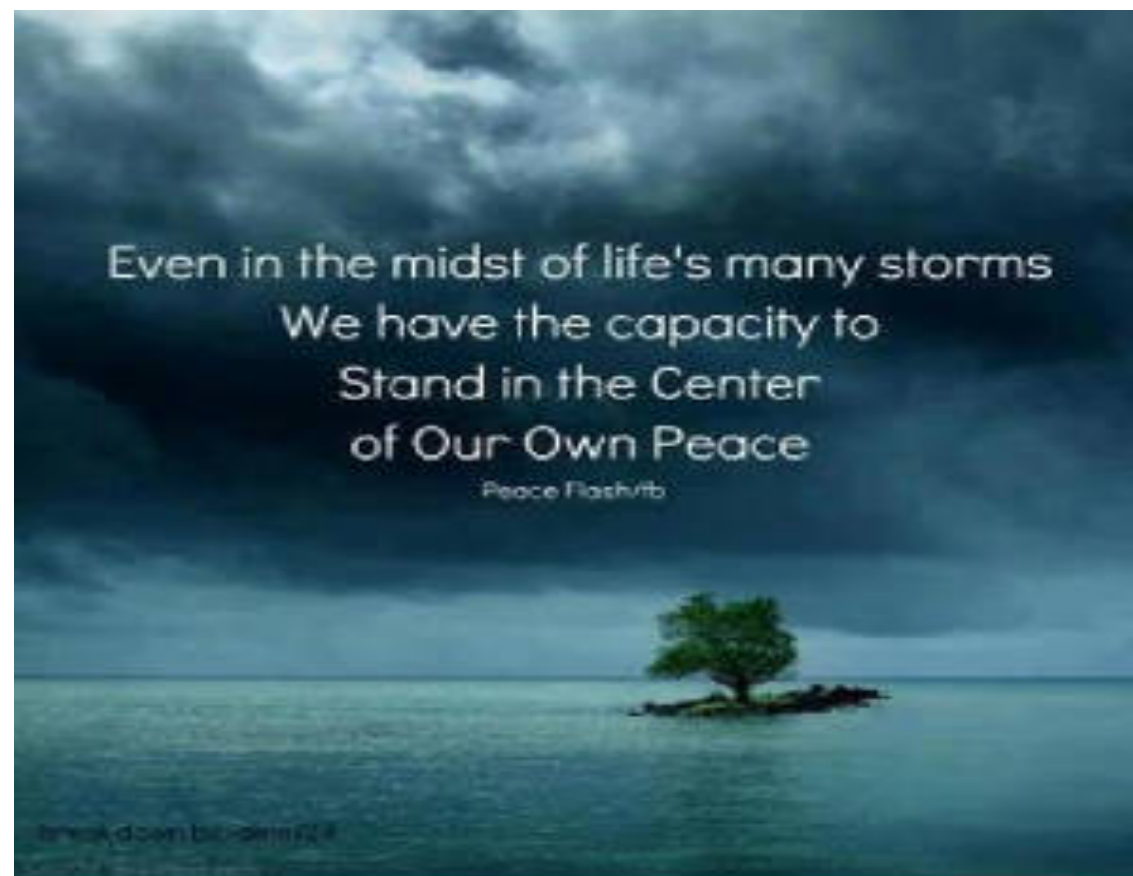
# Psychiatric Diagnoses

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

# 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 1<sup>st</sup> 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.

# The Container



# Universal Precautions

- 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.

A paradigm shift

From:

**“What is wrong with you?”**

To:

**“What happened to you?”**

**Thank You!**

# Contact Information

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