



New England (HHS Region 1)

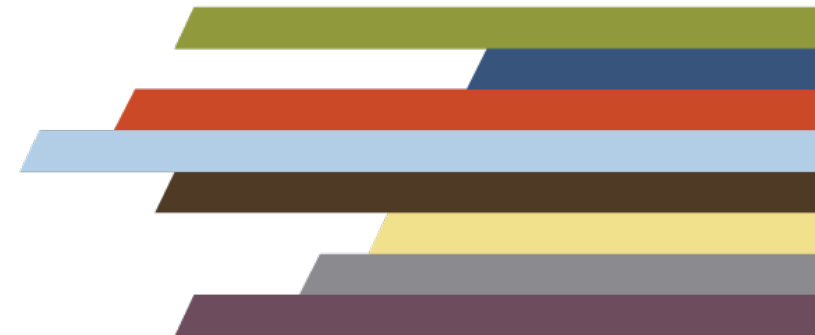
**ATTC**

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

# Trauma 101

## Addiction, Trauma, Resilience, Resourcing and COVID-19

**Taylor D'Addario, MA, LCDP**



# Disclosures

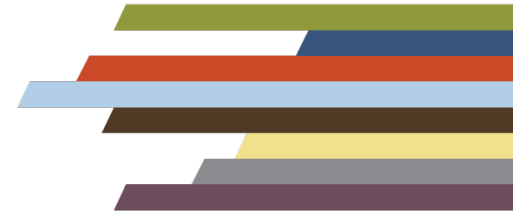
- The development of these training materials were supported by grant H79 TI080209 (PI: S. Becker) from the Center for Substance Abuse Treatment, Substance Abuse and Mental Health Services Administration, United States Department of Health and Human Services. The views and opinions contained within this document do not necessarily reflect those of the US Department of Health and Human Services, and should not be construed as such.



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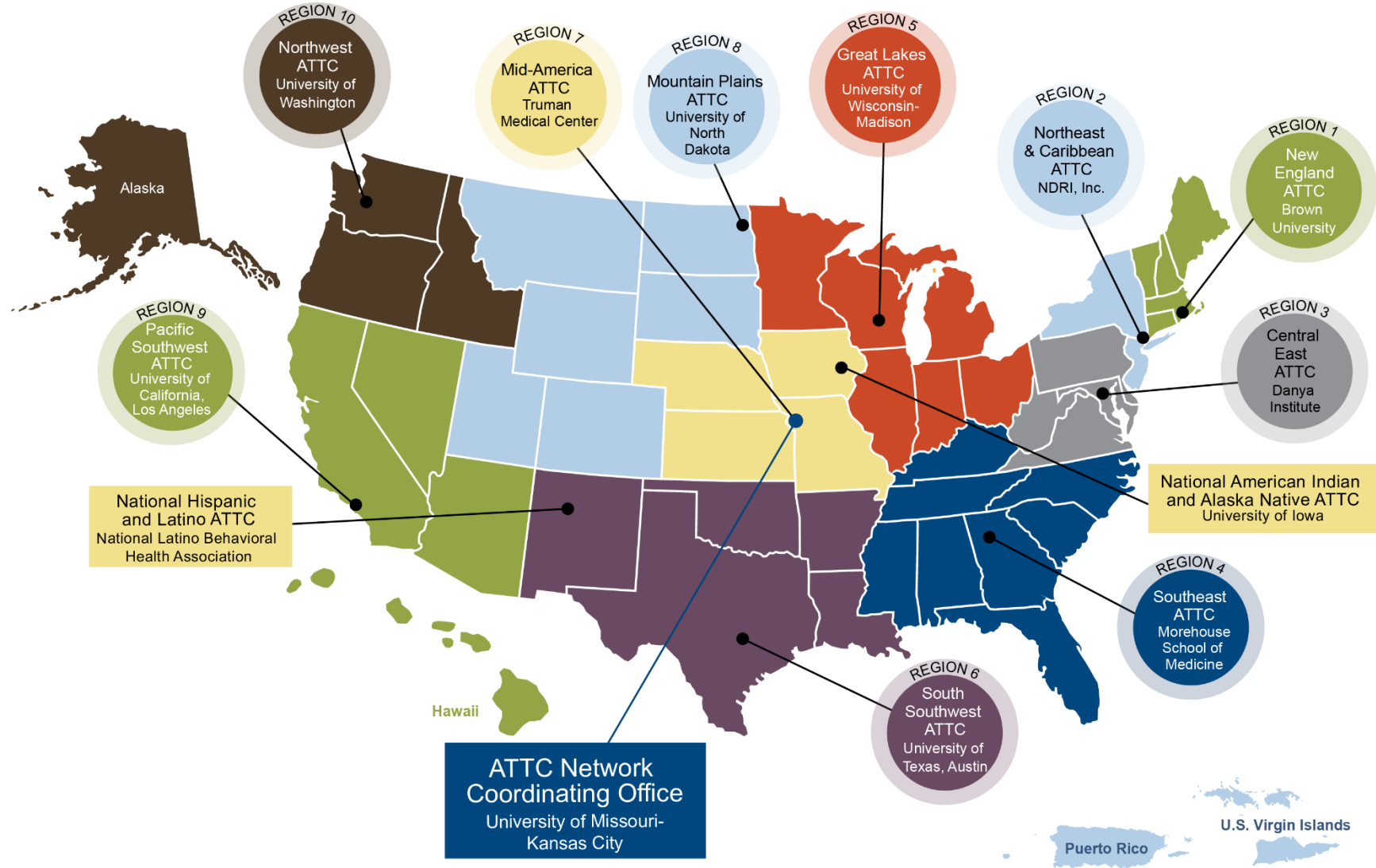




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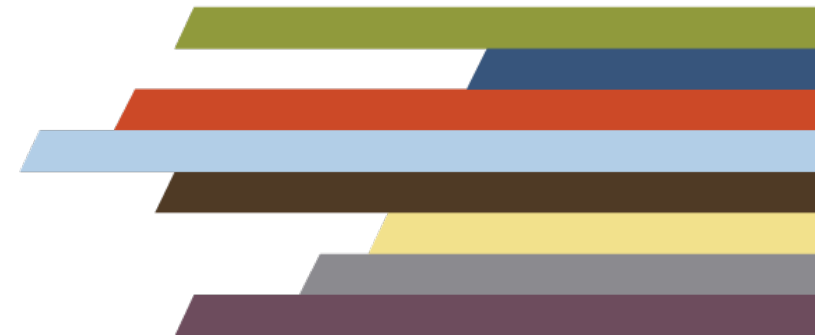
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**U.S.-based ATTC Network**

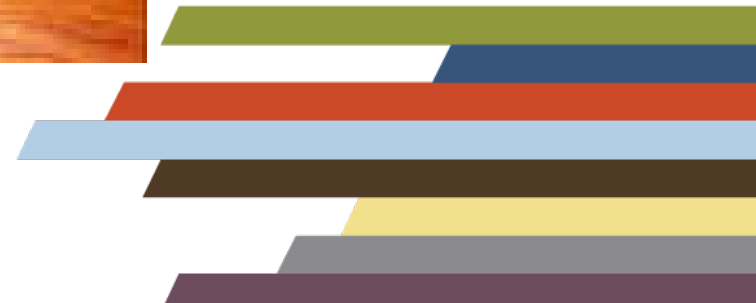


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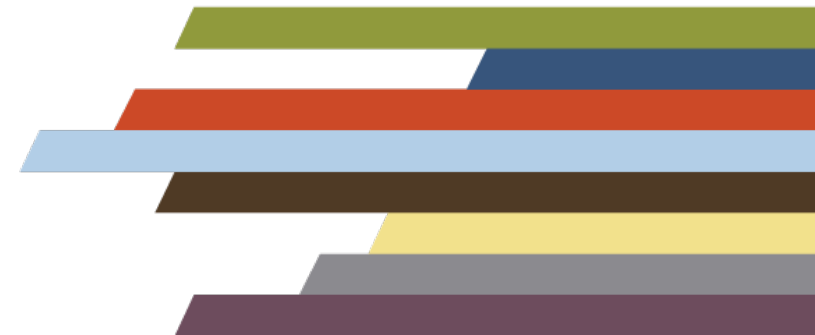


# Grounding Exercise



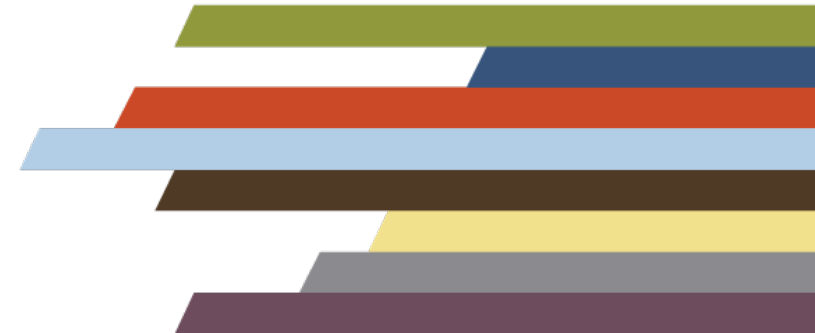
# Introductions

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



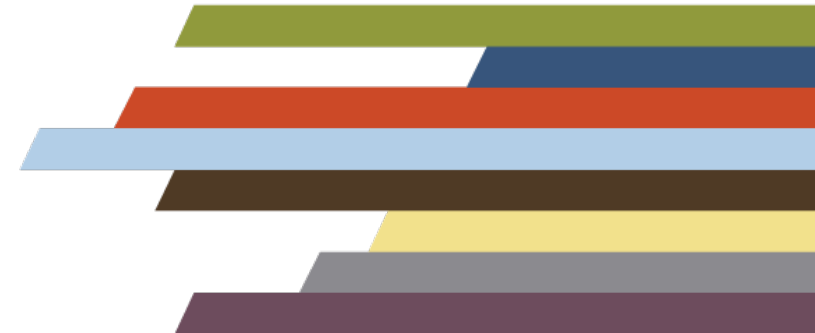
# Learning Objectives

- Understand trauma, it's impact, and how it is manifested in the people we serve
- Understand how to put trauma-informed care into practice
- Understand the importance of self-care and supervisory support in providing trauma informed case management
- Understand when to refer a client for additional support



# Self-Care

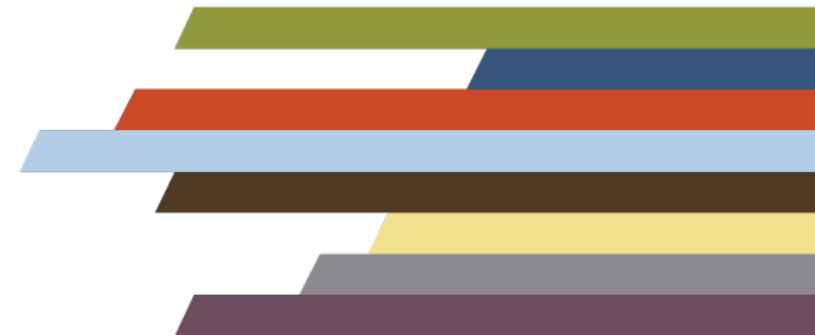
- Trauma-Informed Training
- Balance Vulnerability with Safety
- Today's topic can be heavy





# 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



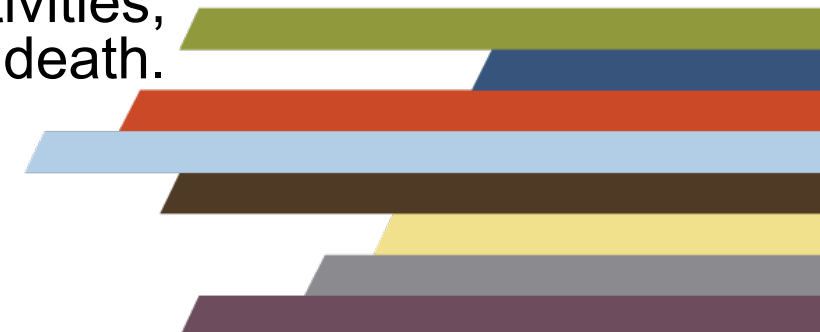
# What is addiction anyway?

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.

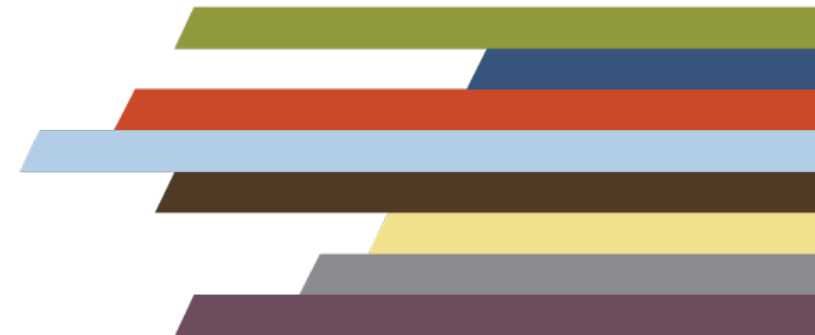
Addiction is characterized by **inability to consistently abstain, impairment in behavioral control, craving, diminished recognition of significant problems with one's behaviors and interpersonal relationships, and a dysfunctional emotional response**.

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.

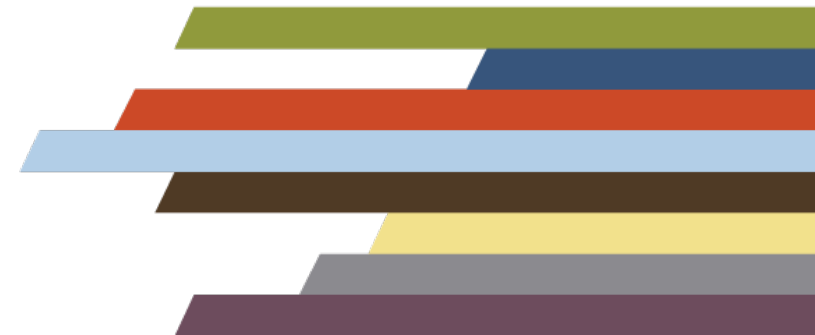
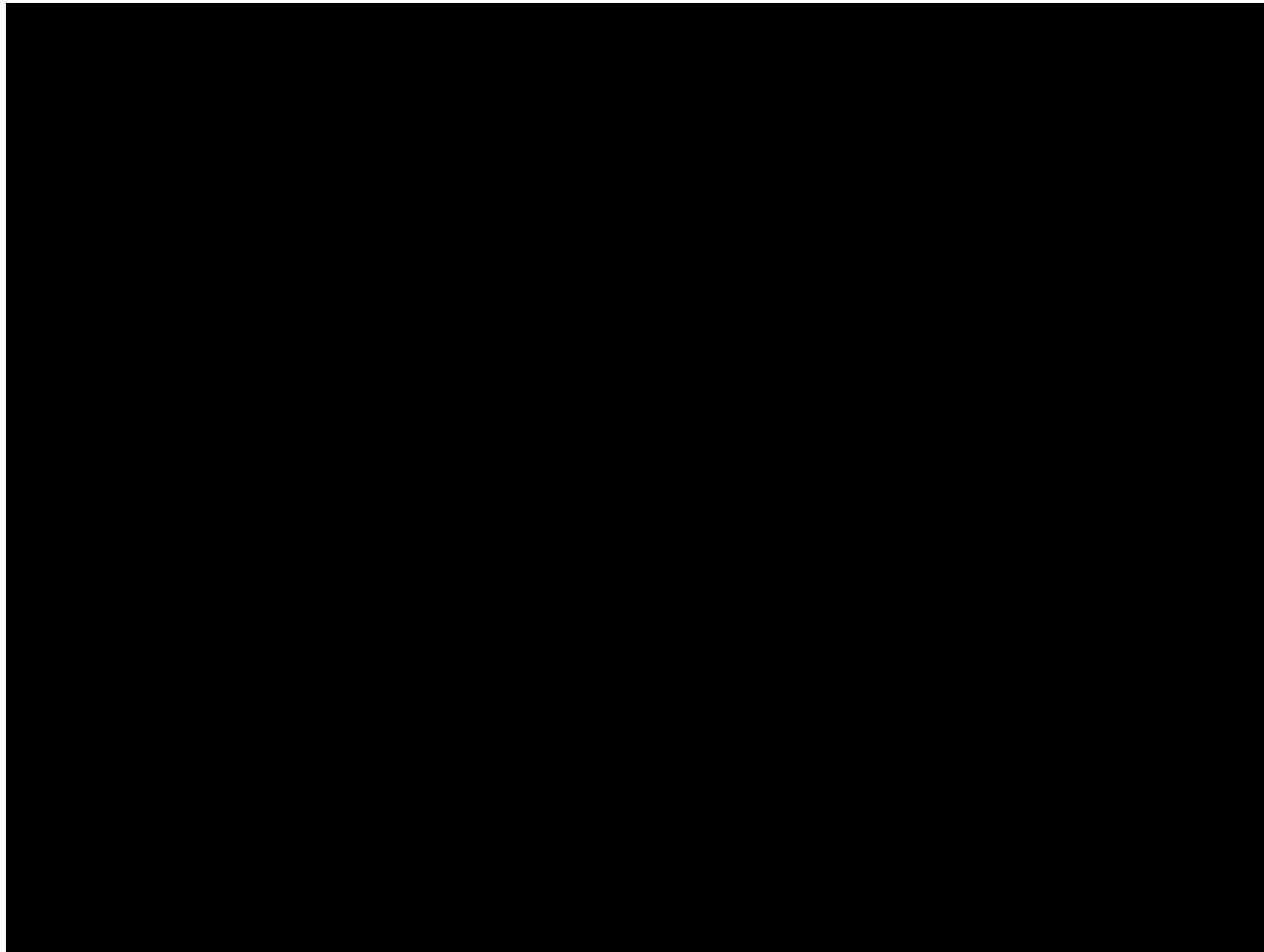


# Addiction and the Brain

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

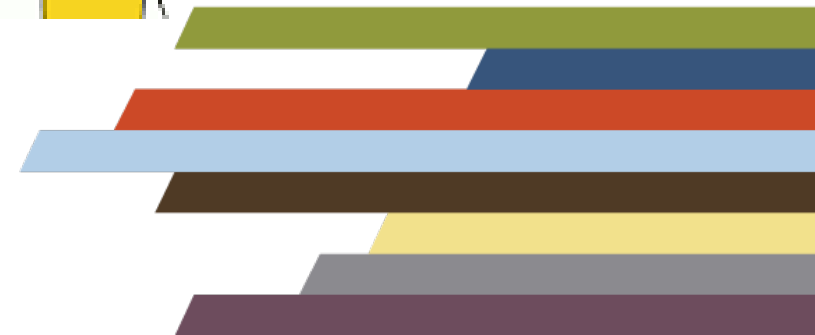


# Pathology of Addiction

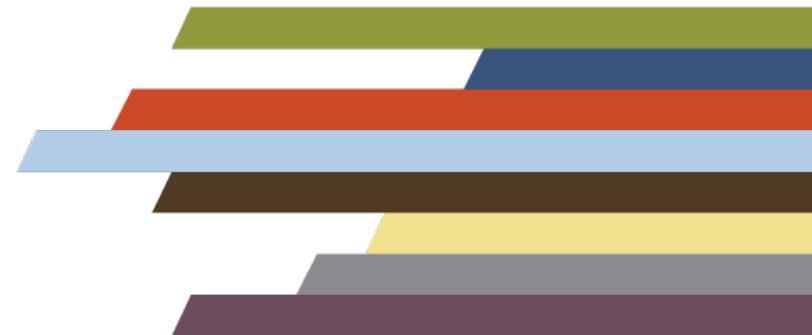


# Addiction & Trauma

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



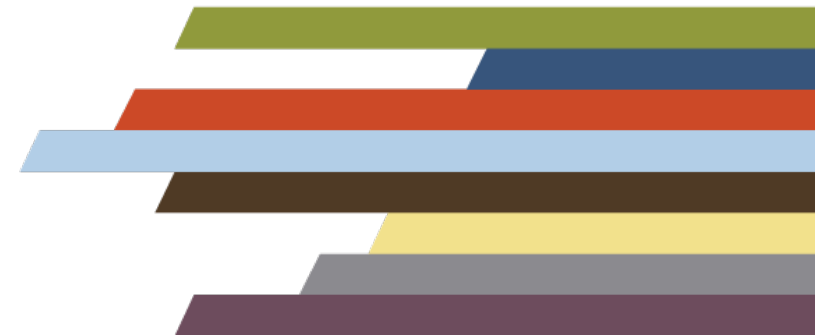
# What is Trauma?



# Definition of Trauma

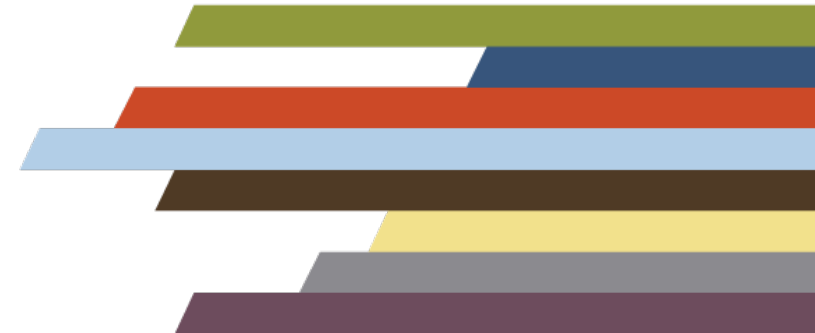
Trauma occurs when an external threat overwhelms a person's internal and external positive coping skills.

- Trauma is an emotional response to a terrible event like an accident, rape, or natural disaster.-*American Psychological Association*
- Psychological trauma may set in after a distressing or life-threatening event -*Psychology Today*
- A very difficult or unpleasant experience that causes someone to have mental or emotional problems usually for a long time -*Merriam-Webster*



# Trauma Defined

- The experience of trauma is subjective
- It often results in feelings of vulnerability, helplessness, and fear
- It often interferes with relationships
- It can affect a person's fundamental beliefs about themselves and others
- It causes one to question their place in the world
- It disrupts the nervous system





# What Does Trauma Look Like

## In Our Emotions?

- Difficulty managing feelings
- Easily frustrated
- Shame
- Chronic emptiness

## In Our Thinking?

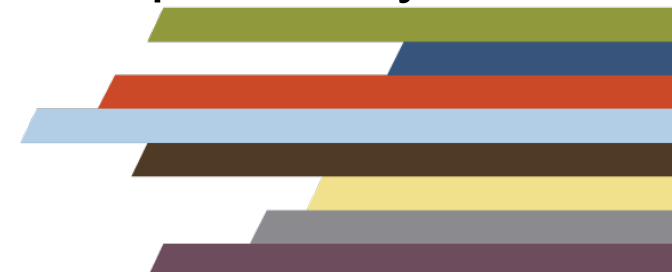
- Catastrophizing
- Concrete thinking/Black & white thinking
- Memory problems

## In Our Relationships?

- Difficulty assessing social cues
- Difficulty seeking attention in appropriate ways
- Challenges in seeing another's point of view
- Difficulty in maintaining relationships

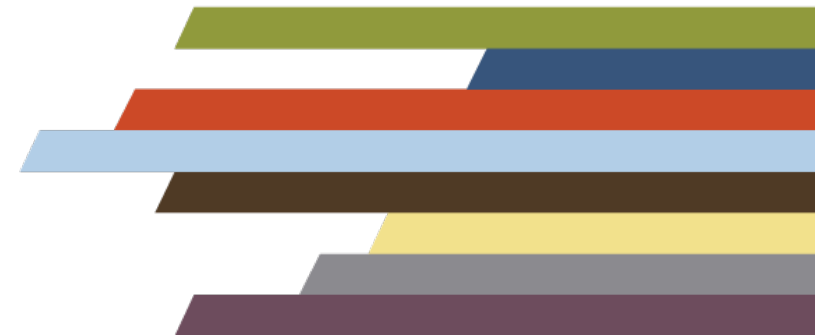
## In Our Actions?

- Impulsive
- Suicidal
- Self-injury, chemical use/dependency
- Trauma re-enactment



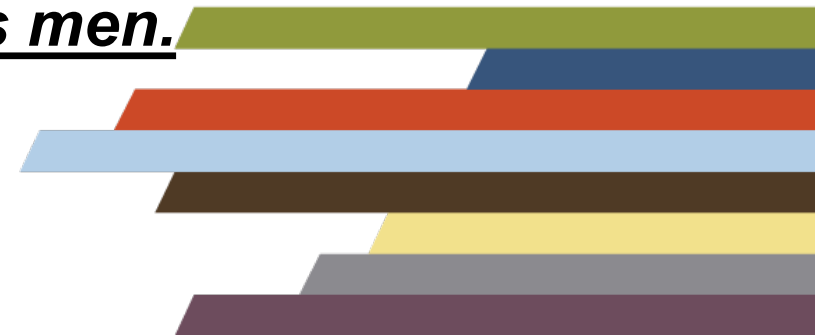
# How Trauma May Get Diagnosed

Post-Traumatic Stress Disorder  
Borderline Personality Disorder  
Attention Deficit Hyperactivity Disorder  
Oppositional Defiant Disorder  
Anxiety Disorder  
Major Depression  
Substance Use Disorder  
Conduct Disorder  
Bipolar Disorder  
Attachment Disorder

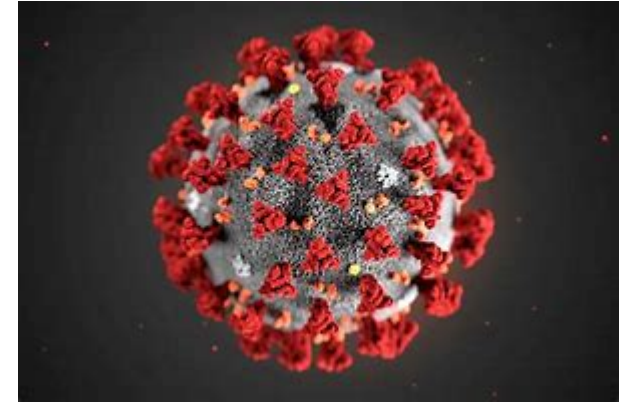


# Prevalence of Trauma

- 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.**



# Trauma and COVID-19

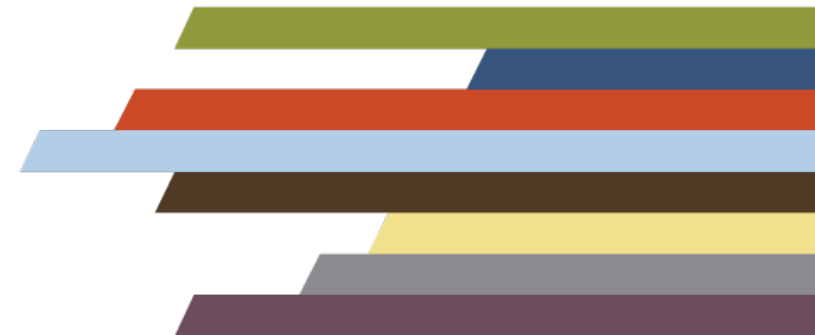


- Importance of Flattening the Curve
- Covid-19 rapid shift from “normal like” to extreme uncertainty.
- You may be experiencing symptoms of stress and trauma right now as a result—things like disrupted sleep, feeling on edge all the time, and stronger emotional reactions than you’re used to.
- Many of us are finding comfort in knowing that we’re all in this together.
- We need to prepare for the psychological impact of COVID-19



# COVID-19 May Trigger Emotions from Past Trauma

- Intrusive Memories
- Sleep Problems
- Feeling Constantly on guard, watchful or easily startled
- Difficult Emotions
- Feeling Numb or Dethatched from others, activities or your surroundings
- Avoidance
- Negative/Unhelpful Thoughts



# MENTAL HEALTH AND COPING DURING CORONAVIRUS

## REACTIONS YOU MAY FEEL INCLUDE:

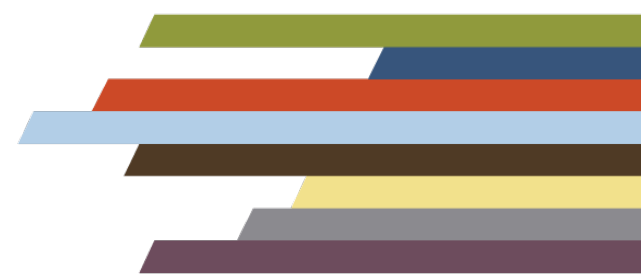
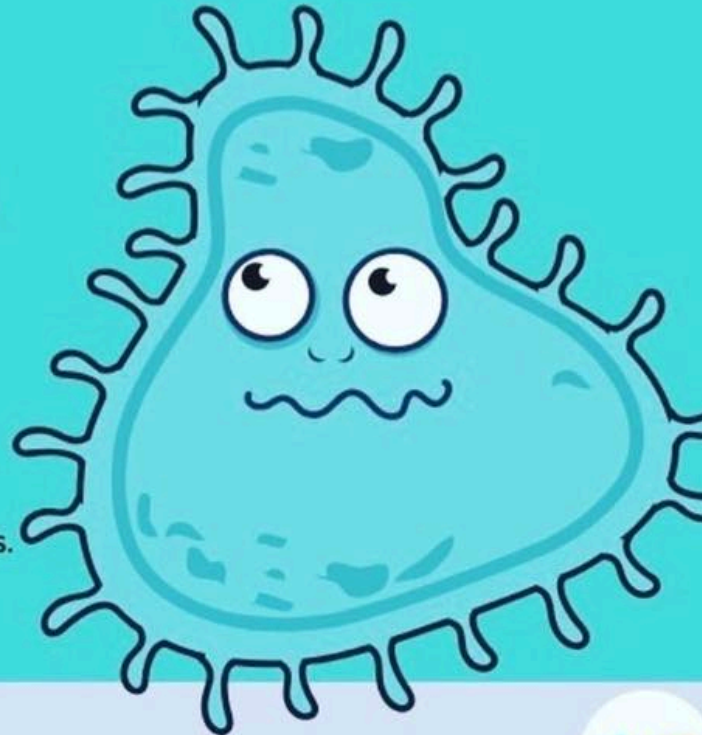
- Fear and worry about your own health status and that of your loved ones.
- Changes in sleep or eating patterns.
- Difficulty concentrating.
- Worsening of chronic health problems.
- Increased use of alcohol, tobacco, or other drugs.

## THINGS YOU CAN DO TO SUPPORT YOURSELF:

- Avoid excessive exposure to media coverage of Coronavirus.
- Take care of your body. Take deep breaths, stretch or meditate. Try to eat healthy, well-balanced meals, exercise regularly, get plenty of sleep and avoid alcohol and drugs.
- Make time to unwind and remind yourself that strong feelings will fade.
- Connect with others and share your concerns and how you are feeling with friends or family members.
- Maintain healthy relationships.
- Maintain a sense of hope and positive thinking.

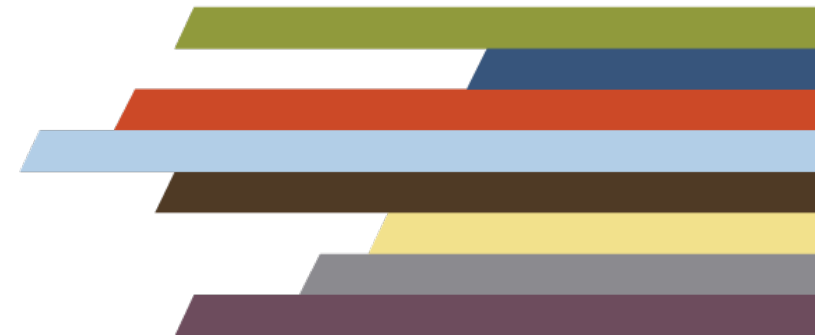
## TAKING CARE OF YOUR WELLBEING:

- Connect with people
- Decide on your routine
- Try to keep active
- Keep your mind stimulated
- Take care with news and information
- Find ways to relax and be creative



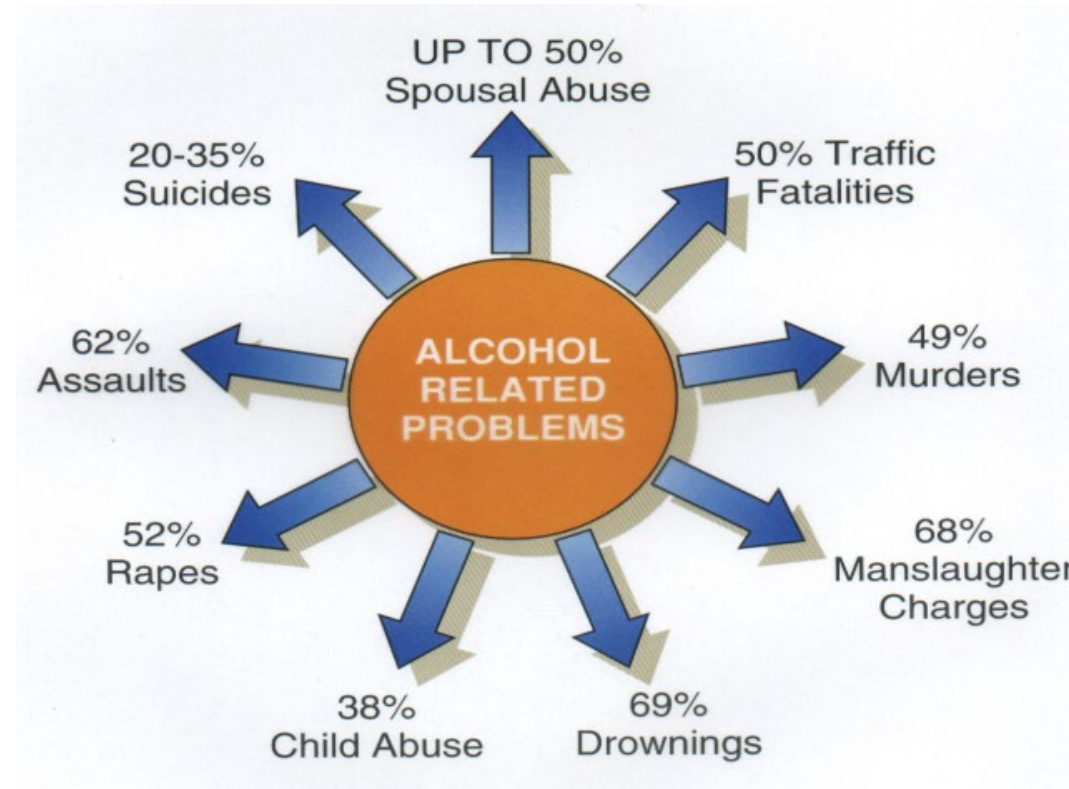
# Covid-19 Trauma Resource from CDC and Mayo Clinic

- <https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/managing-stress-anxiety.html>
- <https://www.mayoclinic.org/diseases-conditions/coronavirus/in-depth/mental-health-covid-19/art-20482731>





# 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 Use Disorders

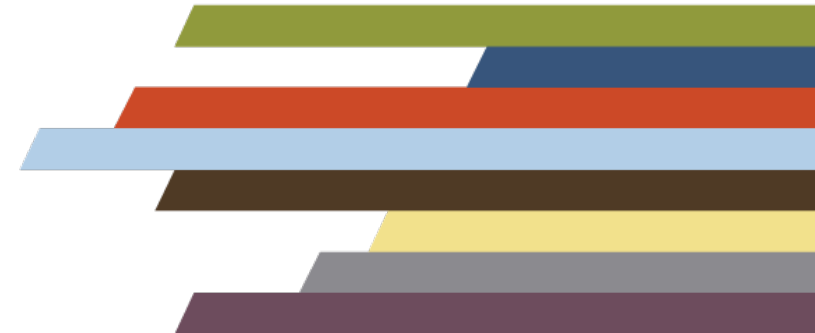
## Childhood trauma – more severe symptoms, vulnerable to relapse

- 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)

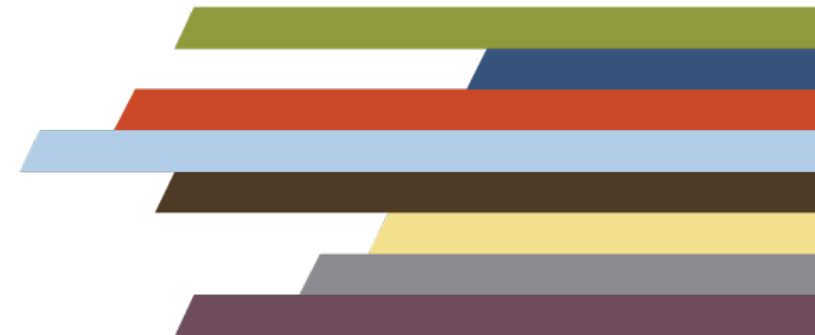


# Need to broaden our understanding of how individuals are traumatized!

- 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

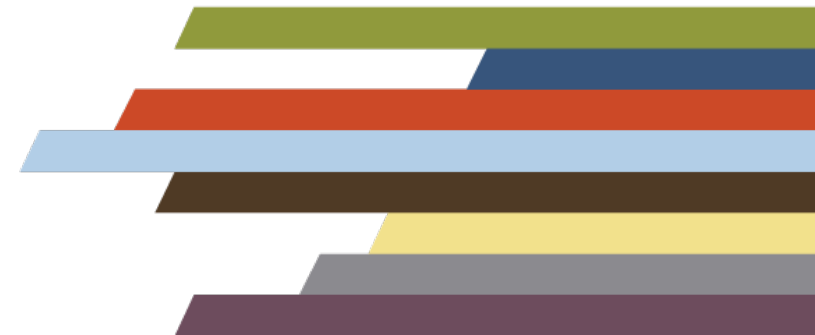
# Exercise:

List types of instances that cause trauma.



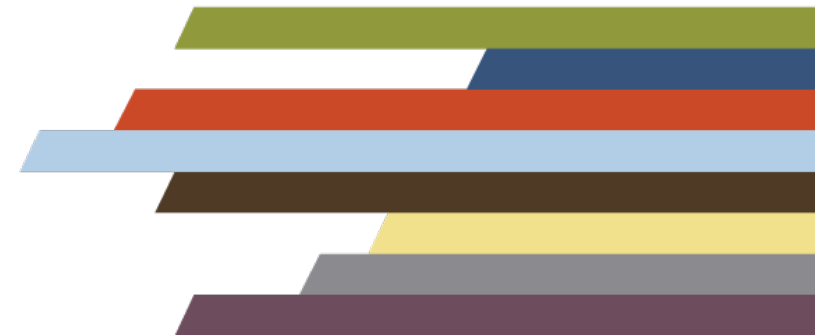
# The Theory of Trauma

- 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.

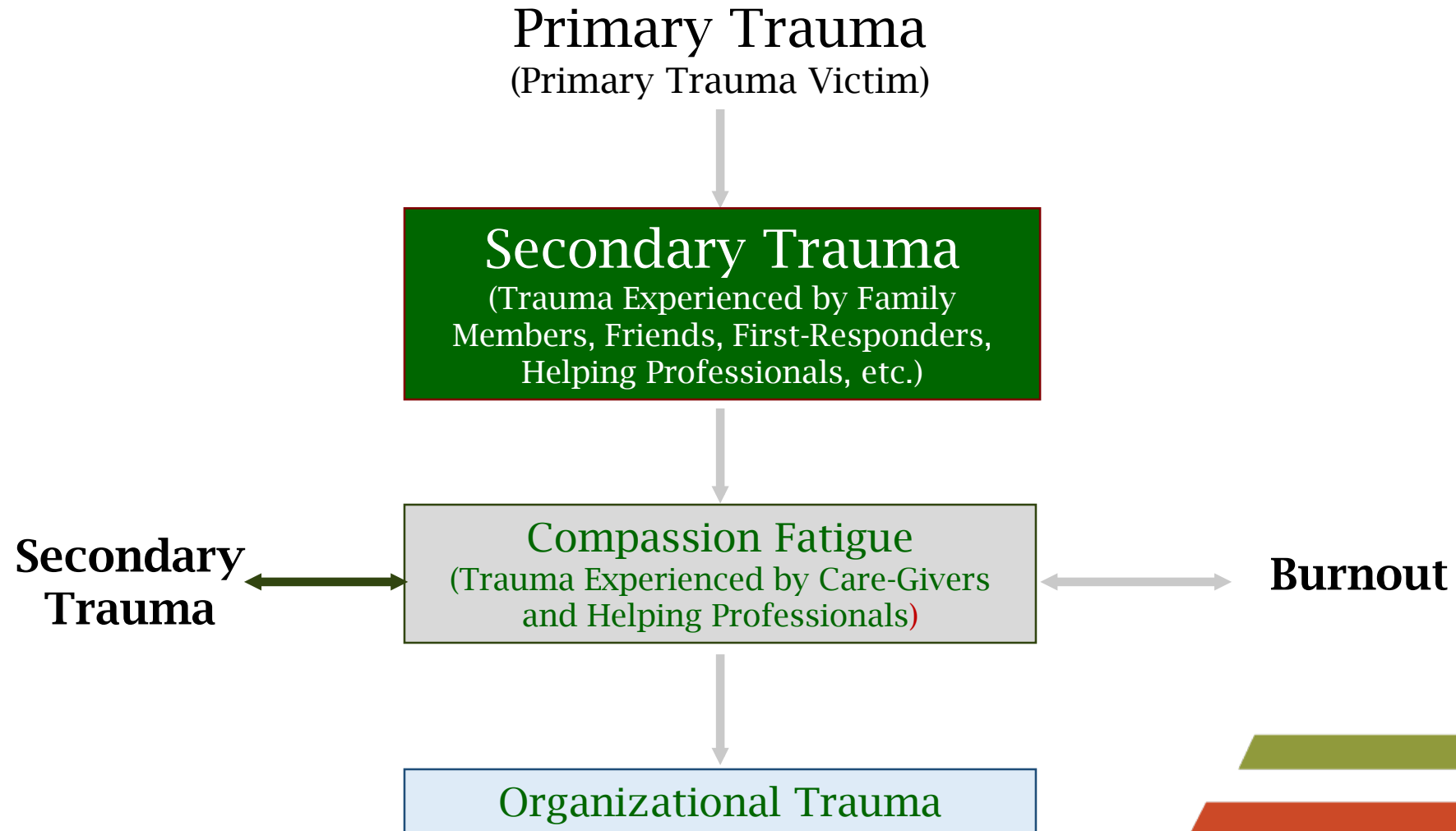


# Types of Trauma

- Acute
- Chronic
- Complex
- Historical, Inherited and Racial- “It Didn’t Start With You”- Mark Wolynn

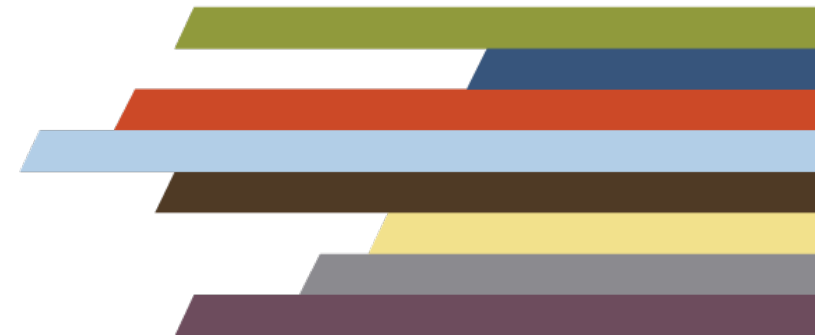


# Continuum of Traumatic Stress

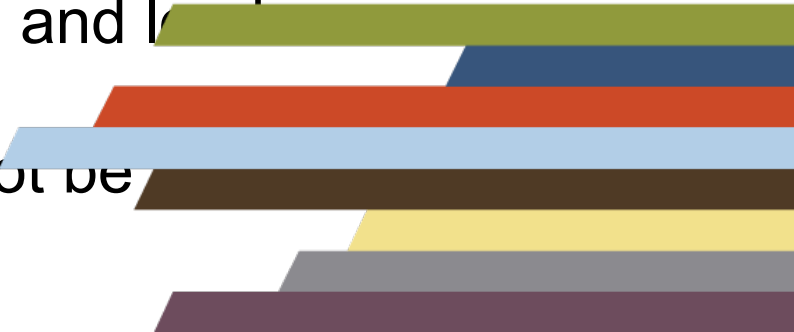


# Secondary Traumatic Stress

- 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.



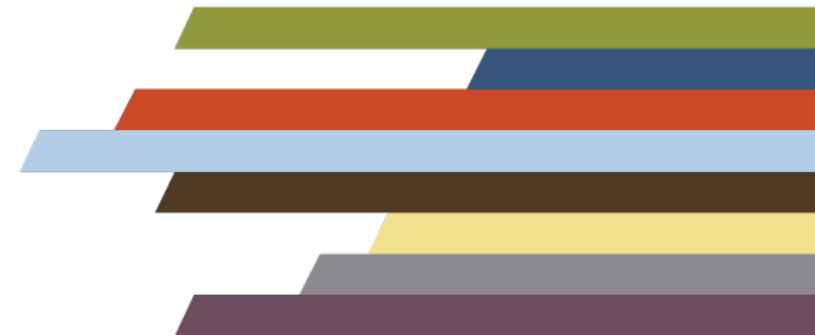
# Burn Out

- 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.

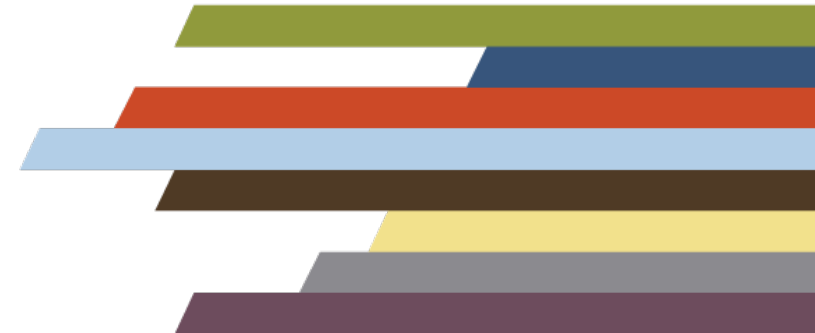


# Organizational Trauma

Traumas debilitate an organization, temporarily or long term.

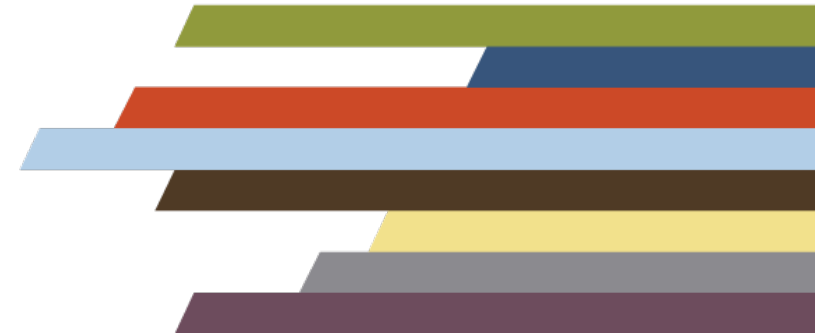
Organizational trauma may come from one of four sources:

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



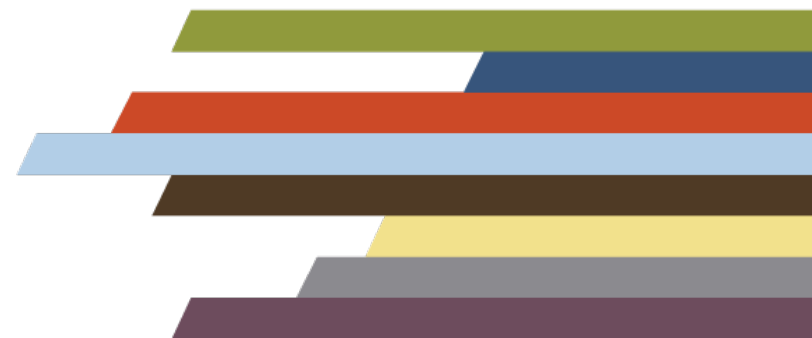
# Potential Warning Signs of Burnout

- 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
- Hyper vigilance
- Dissociative moments
- Sense of persecution
- Guilt & Fear



# Self Assessment

- Complete the Professional Quality of Life Scale (PROQOL)



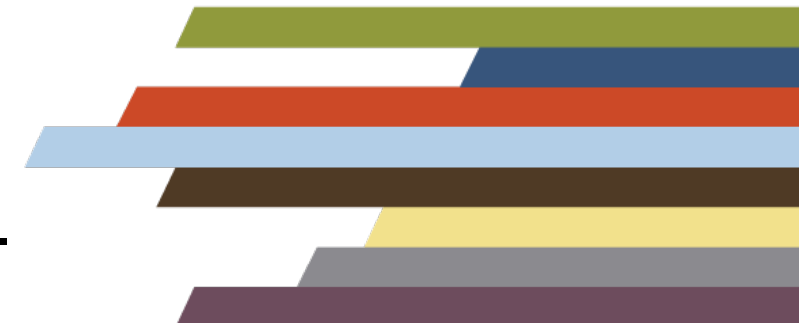
# Self Care

## 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

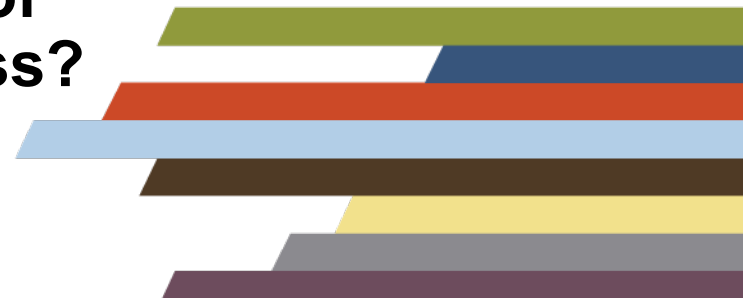
- Blame others.
- Look for a new job, get a divorce or have an affair.
- Make a habit of complaining to your colleagues.
- Work harder and longer.
- Self-medicate.
- Neglect your own needs and interests.



# Self Care Plan

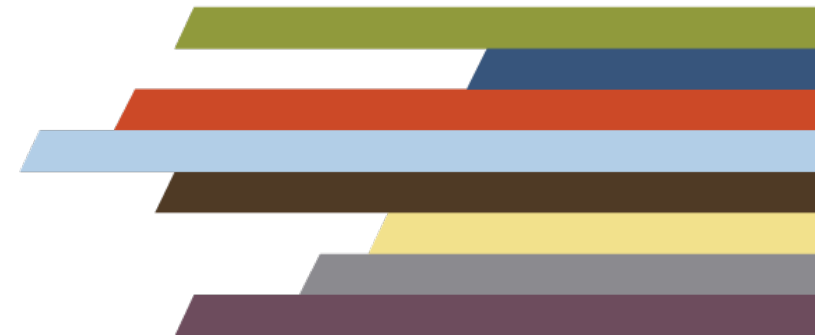
**Break up into groups of three or four.**

- **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?**

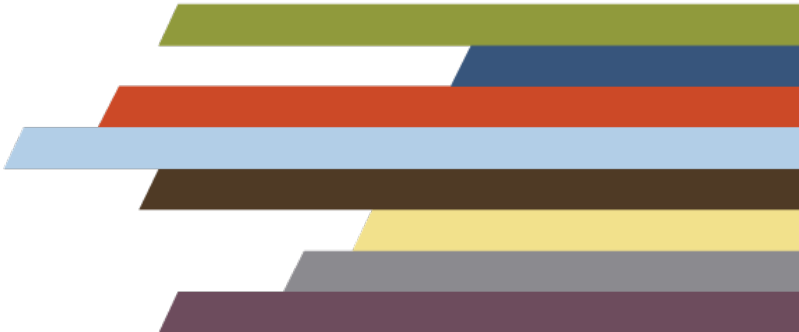


# Things To Do Daily:

- 1. Get enough sleep
- 2. Get enough to eat
- 3. Get some light exercise
- 4. Vary the work you do
- 5. Do something you enjoy
- 6. Focus on what you did well
- 7. Learn form your mistakes
- 8. Pray, meditate or relax
- 9. Support a colleague



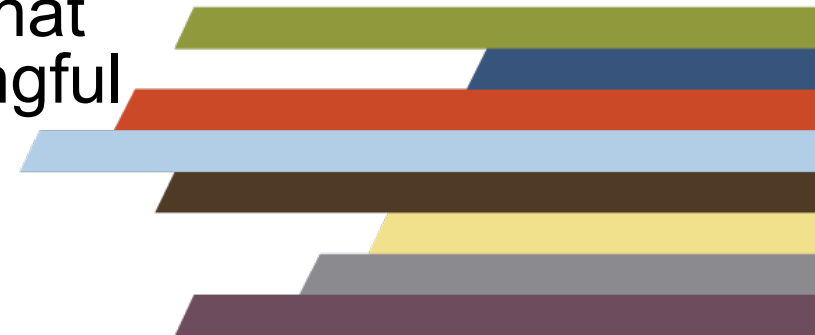
# Trauma Informed Care





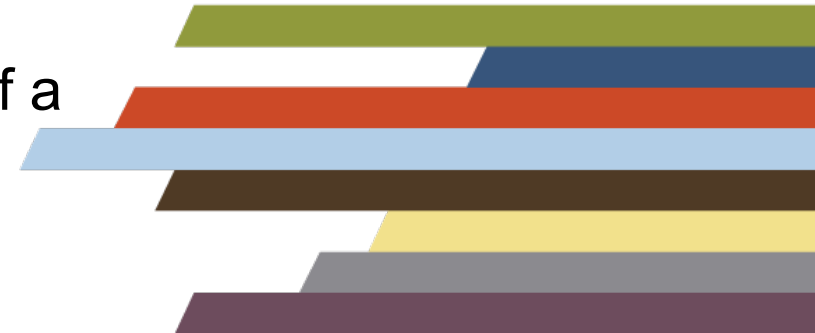
# Core Principles of Trauma-Informed Care

- *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

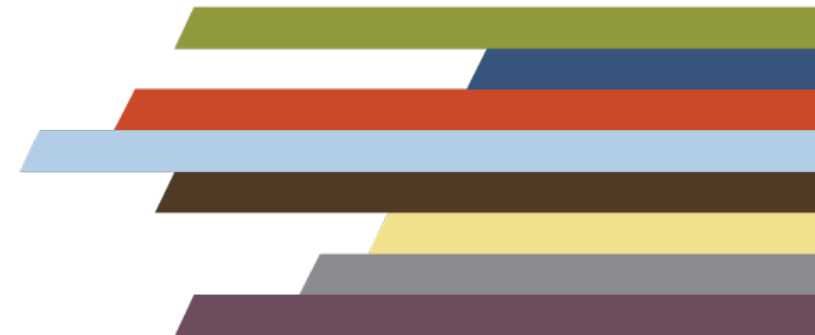
- *Empowerment*: strengths are recognized and validated and new skills developed as necessary.
- *Voice and choice*: the organization aims to strengthen the clients' and family members' experience of choice and recognize that every person's experience is unique and requires an individualized approach.
- *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””

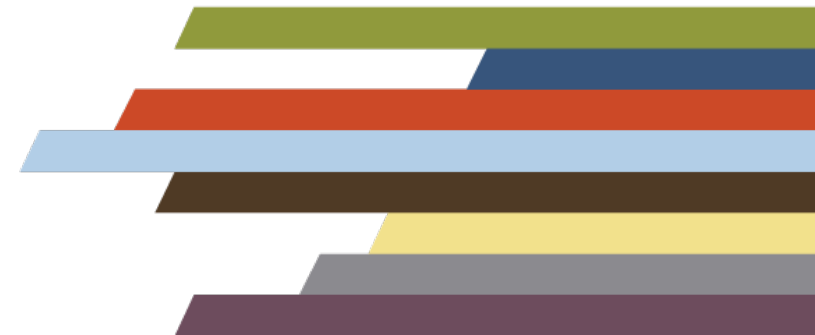


<https://www.bing.com/videos/search?q=goog+will+hunting+not+you+r+fault&view=detail&mid=90DF8C0FFC0115983F1E90DF8C0FFC0115983F1E&FORM=VIRE>



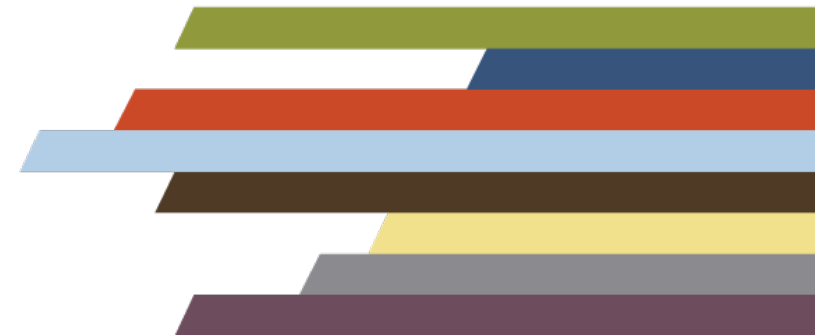
# How Systems Re-traumatize

- ▪ Failing to provide a safe and secure program/environment
- ▪ Challenging or discounting reports of trauma
- ▪ Failing to screen for trauma
- ▪ Disrupting client-provider relationship
- ▪ Repeated, intensive, humiliating interviews



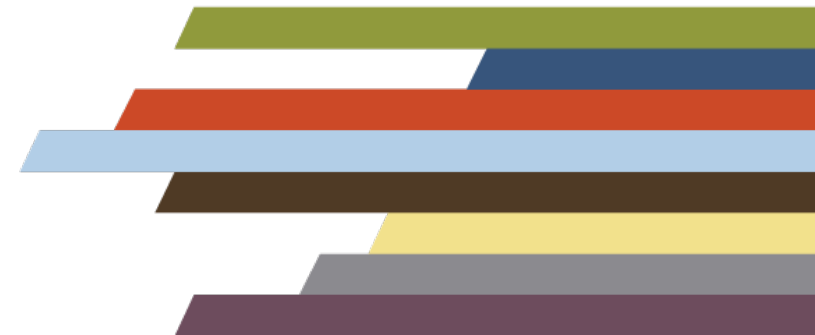
# How Relationships Re-Traumatize

- Not being seen or heard
- Violating Trust
- Failure to ensure emotional safety
- Non-collaborative
- Does things for rather than with
- Oppressive language



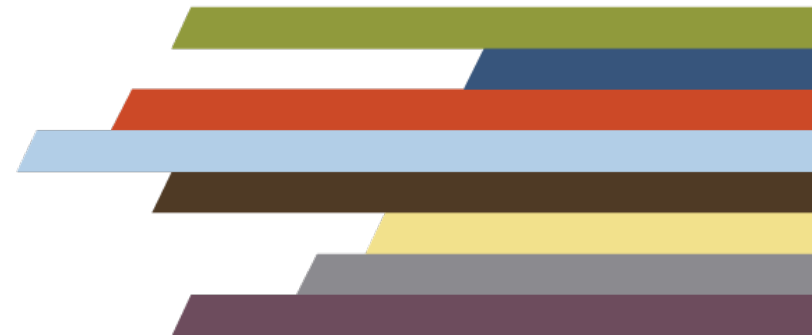
# Preventing Re-Traumatization

- ▪ Trauma informed care
- ▪ Providing a safe environment
- ▪ Coordinating services with multiple agencies
- ▪ Cultural competency
- ▪ Coaching clients before court or appointments, etc.



# The Theory of Trauma

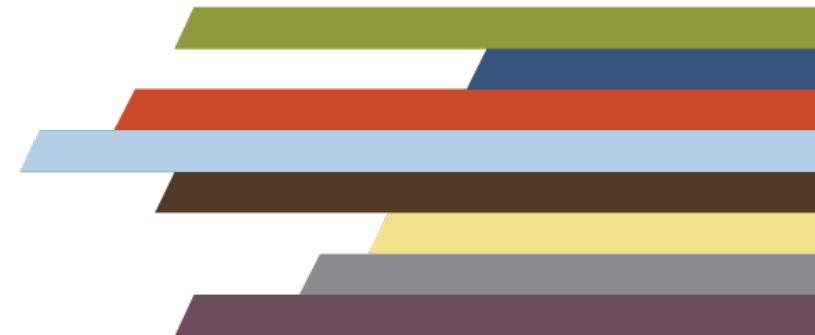
- “Big T” and “Little T” trauma
- Complex PTSD
- Attachment Disorder
- Iatrogenic Trauma



# 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 behavioral, emotional, physiologic, and neuroendocrinology levels. Repetition on these different levels causes a large variety of individual and social suffering.

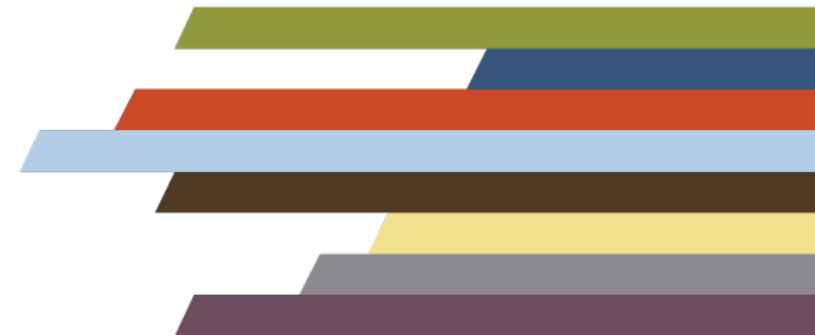
– Van der Kolk, 1989





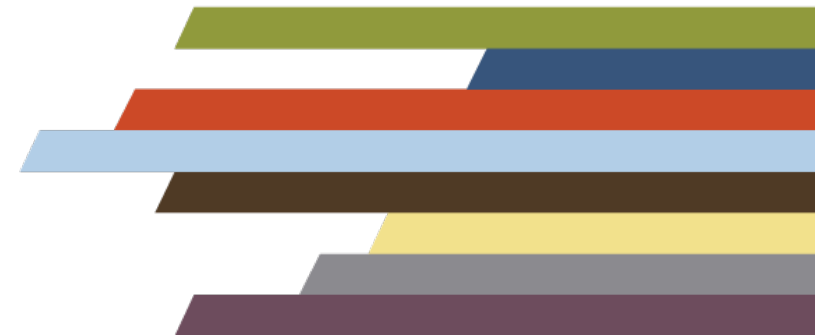
# Still Face Video

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



# ACE (Adverse Childhood Experiences) Study

- ACE Study – Kaiser Permanente from 1995 to 1997 → 17,000 participants
- ACES for Personal & Family Members
- 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.



# ACE Questions

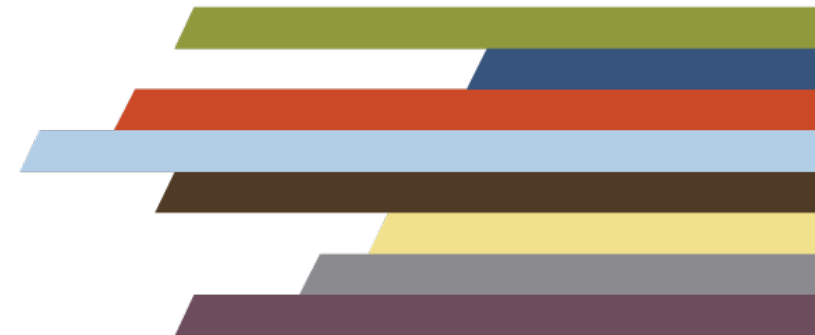
## **Before age 18:**

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

## **Growing up in a household with:**

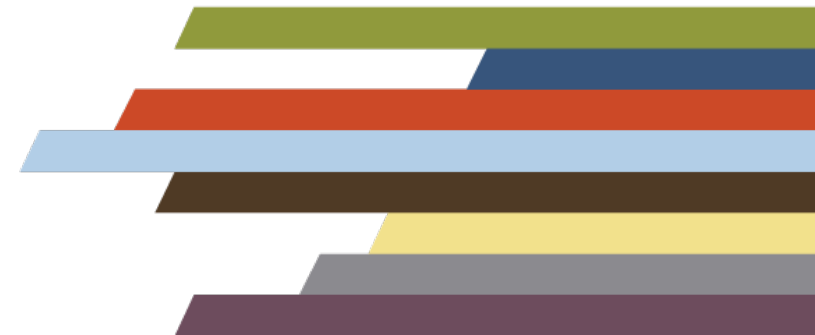
- An alcoholic or drug use
- A member being imprisoned
- A mentally ill, chronically depressed, or institutionalized member
- The mother being treated violently
- Both biological parents *not* being present

(N=17,000)



# Impact of Trauma

Exposure to trauma can affect a child's perception of time, cognitive style, affective tone, problem-solving skills, and ability to respond to and understand rules, regulations, and laws .

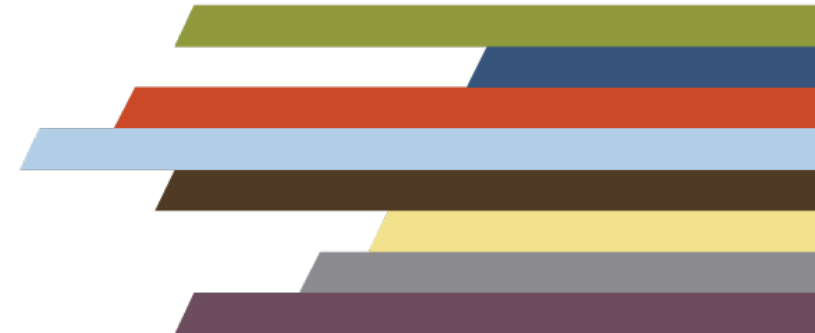


# ACE Study Results

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

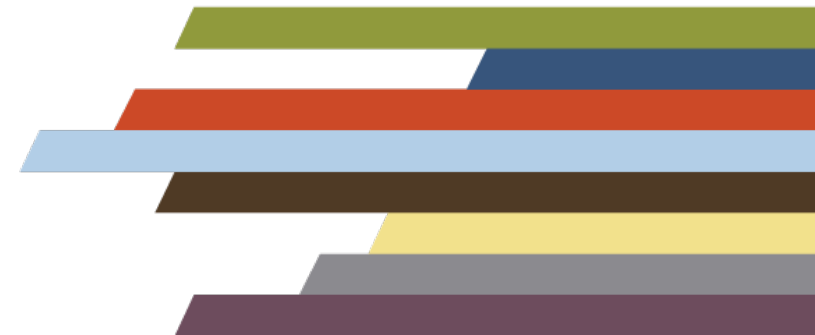
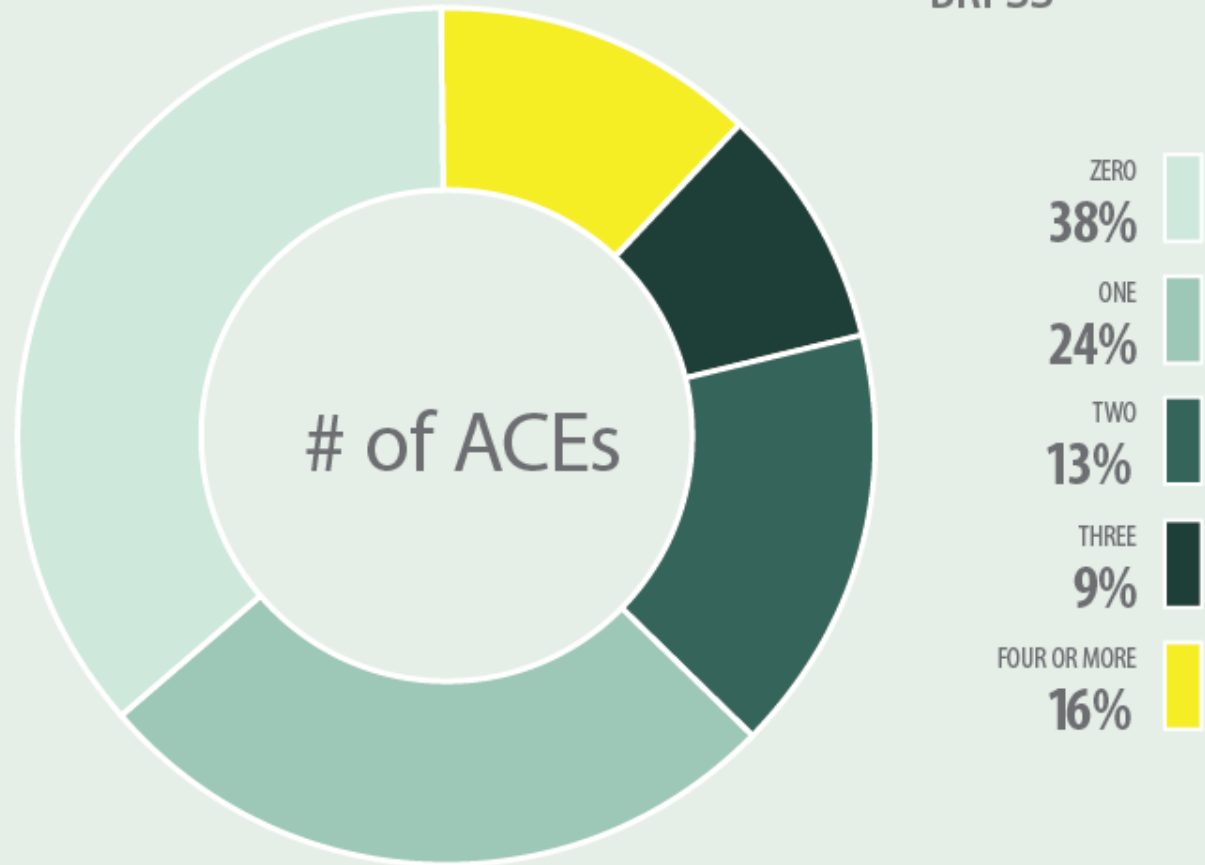
- Smoking
- Alcoholism
- Injection of illegal drugs
- Obesity
- If a child has six or more “yes” answers, his risk of becoming an IV drug user increases by 4,600% compared to a child with a score of zero.

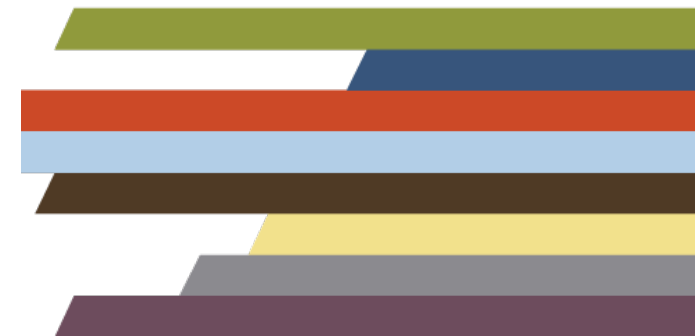
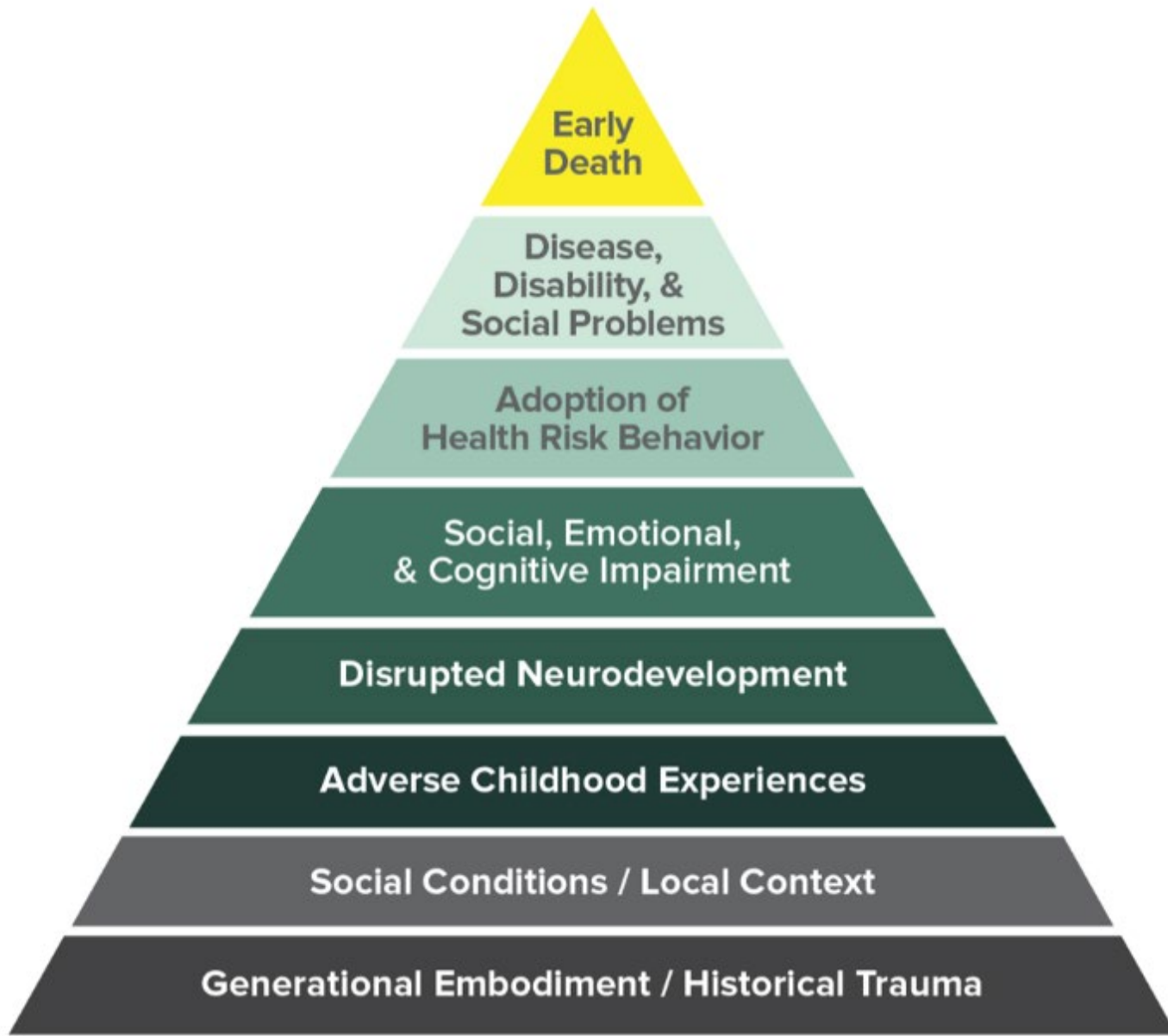
(Felitti, V.J.: Origins of Addictive Behavior: Evidence from the ACE Study. 2003 Oct:52(8): 547-59. German. PMID: 14619682 (PubMed-indexed for MEDLINE).



# How Common are ACEs?

ACE Score Prevalence for Participants  
Completing the ACE Module from the 2011-2014 BRFSS





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

# ACEs Can Be Prevented



## **Strengthen economic supports to families**

- Strengthening household financial security
- Family-friendly work policies



## **Change social norms to support parents and positive parenting**

- Public engagement and enhancement campaigns
- Legislative approaches to reduce corporal punishment



## **Provide quality care and education early in life**

- Preschool enrichment with family engagement
- Improved quality of child care through licensing and accreditation



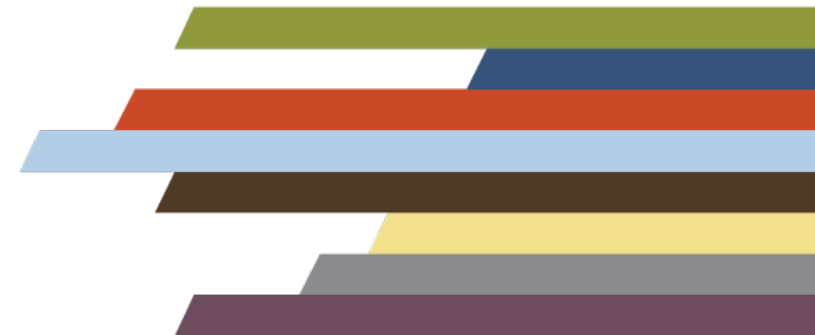
## **Enhance parenting skills to promote healthy child development**

- Early childhood home visitation
- Parenting skill and family relationship approaches



## **Intervene to lessen harms and prevent future risk**

- Enhanced primary care
- Behavioral parent training programs
- Treatment to lessen harms of abuse and neglect exposure
- Treatment to prevent problem behavior and later involvement in violence

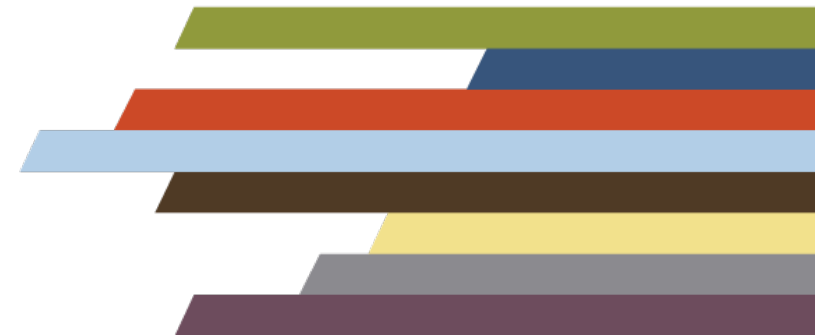






The single most important issue for  
traumatized people is to find a  
sense of safety in their own bodies,

— *Bessel van der Kolk* —



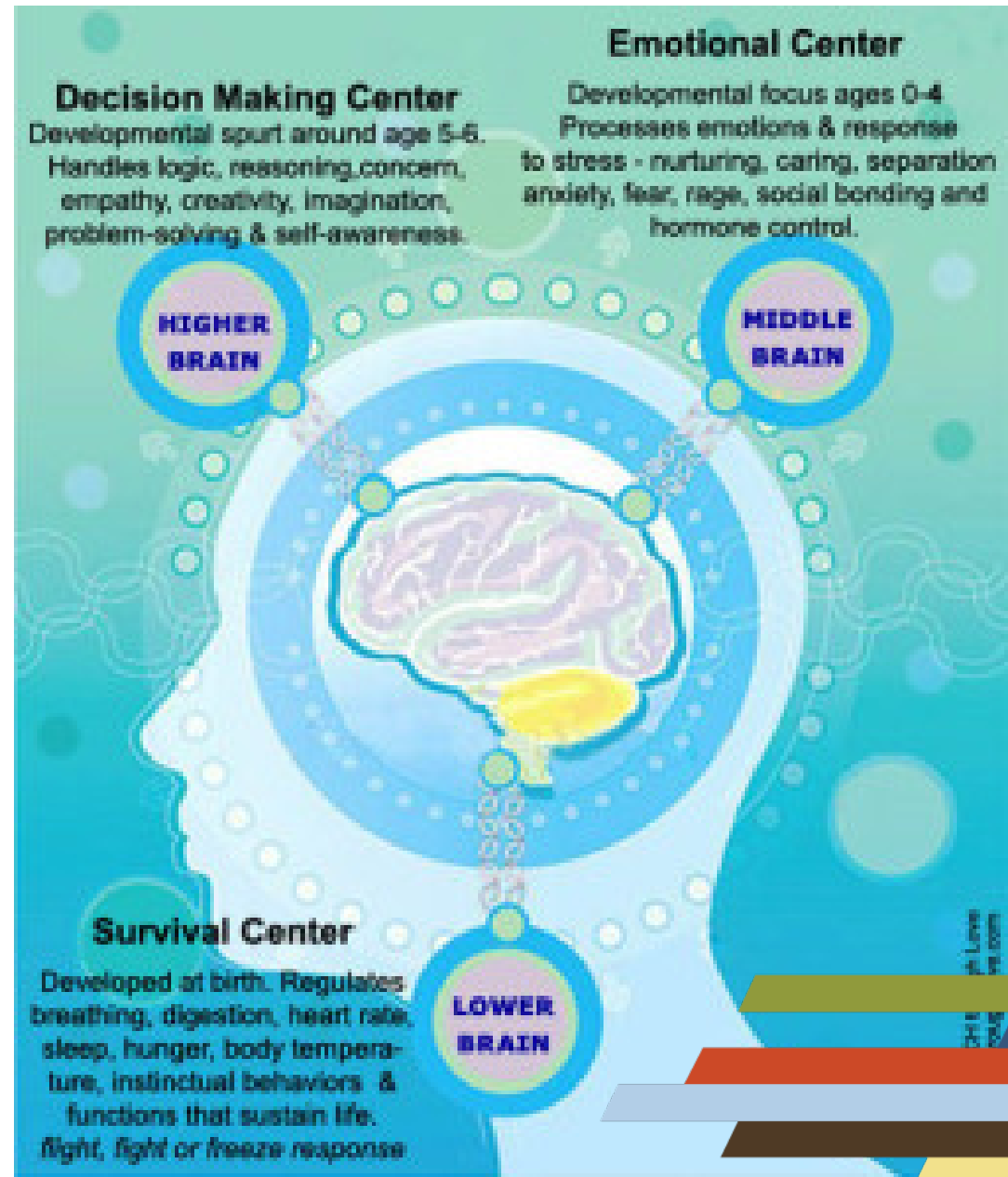
# Attunement Exercise



# Trauma and the Brain

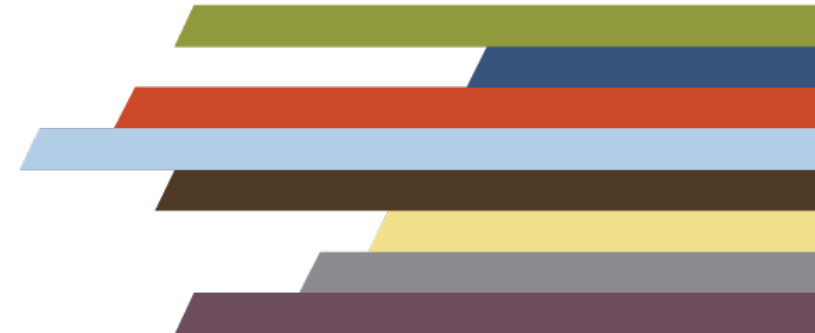
## Trauma and the Brain

- The Reptilian Brain ▪ Fight or Flight
- The Limbic System ▪ Emotions ▪ Memory
- The Frontal Lobe ▪ Judgment ▪ Decision Making

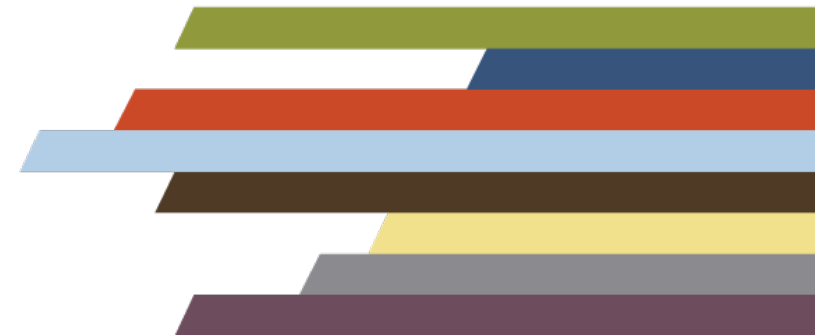


# Neurobiology of Trauma

- 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

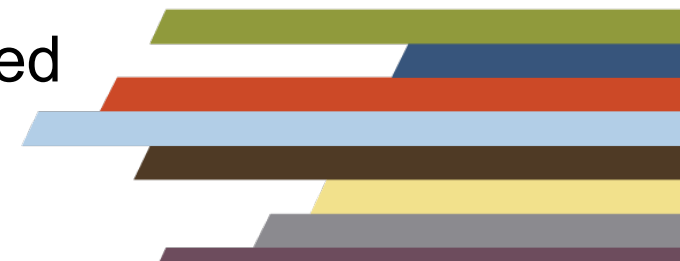


# American Sniper Tire Scene



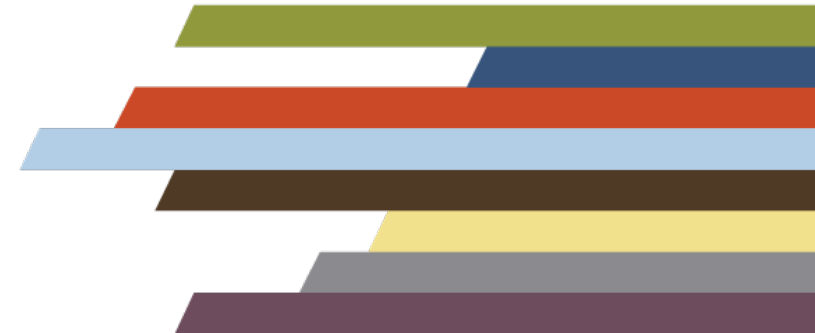
# Reminders or Triggers

- Lack of control
  - Threats or feeling threatened or attacked
  - Observing threats or assaults
  - Isolation
  - Interacting with authority figures
  - Lack of information
  - Being told what to do
  - Lack of privacy
  - Removal of clothing (medical exams)
  - Sensory experiences (smells, sounds, touch, taste, body position)
- Being touched
  - Being watched
  - Loud noises
  - Darkness
  - Intrusive or personal questions
  - Being locked in a room
  - Being ignored
  - Condescending looks/Tone of voice
  - Transitions or disruptions in routine
  - Feelings of vulnerability and rejection
  - Sensory overload (crowded spaces, loud sounds, powerful smells)



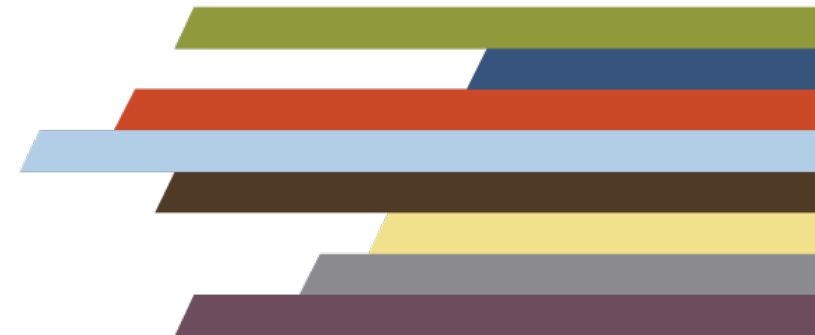
# Survivors Learned Behaviors

- 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



# Trauma World View

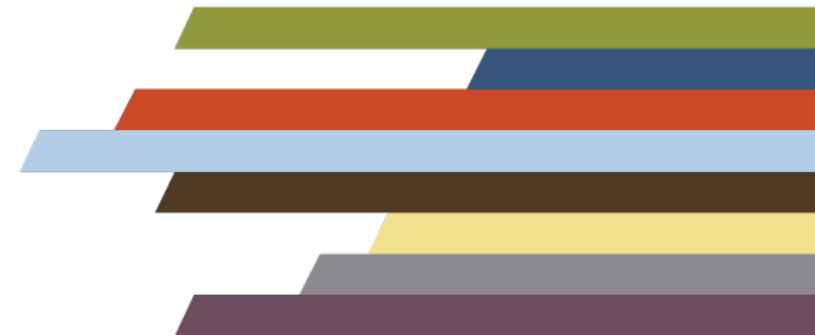
- No place is safe
- Other people are unsafe and cannot be trusted
- My own actions, thoughts, and feelings are unsafe
- I expect crisis, danger, and loss
- I have no worth and no abilities





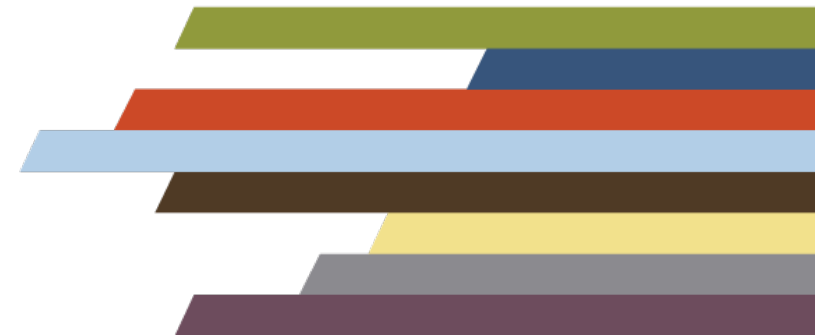
# Emotional Communication Exercise

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



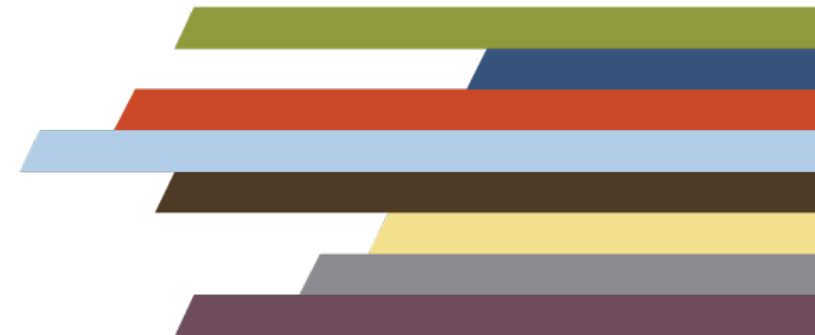
# When to Refer Someone to a Specialist

- Always seek supervision from your manager or team lead
- Consider a referral for a trauma mental health evaluation if:
  - Traumatic stress reactions are prolonged (more than a month)
  - Traumatic stress interferes with recovery or daily/normal activities
  - Excessive fear/worry



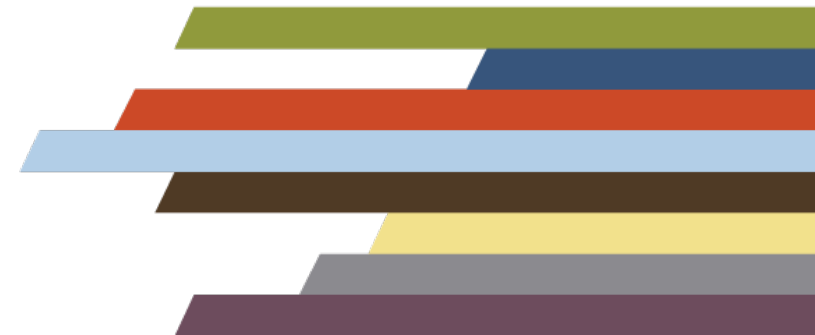
# What Makes a Good Referral?

- Motivational interviewing- OARS
- Mention Concerns
- Involve client in plan
- Have options



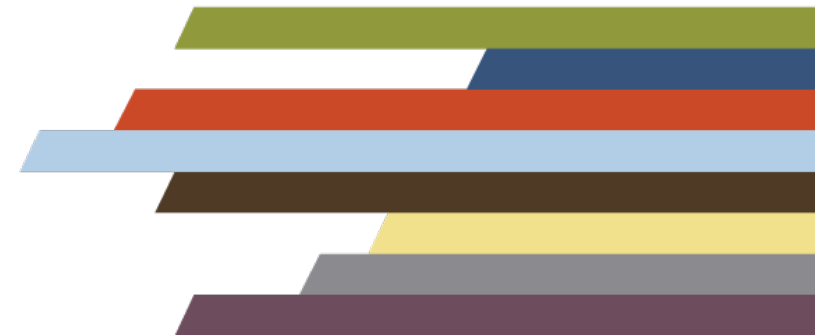
# Cognitive Behavioral Therapy

- 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?



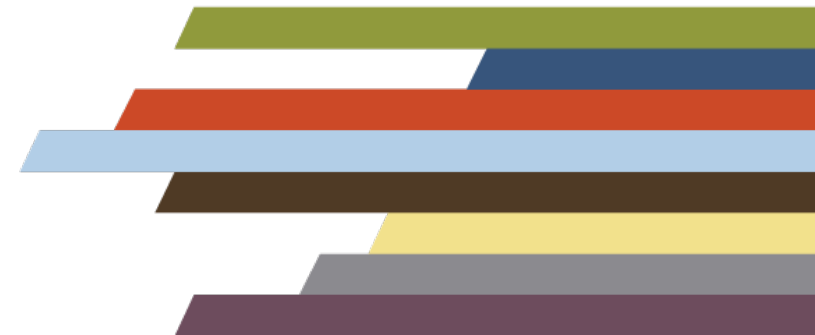
# EMDR: Eye Movement Desensitization Re-processing

- 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



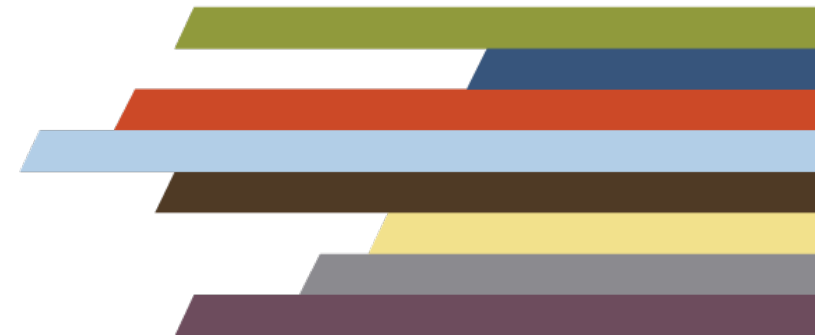
# Resiliency

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



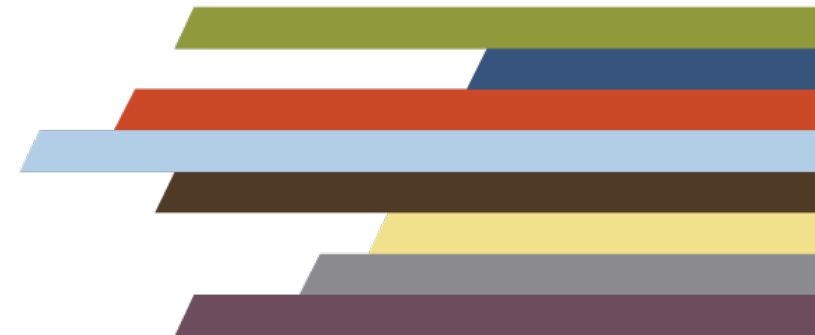
# 5 Factors that Contribute to Resiliency

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



# Post Traumatic Growth

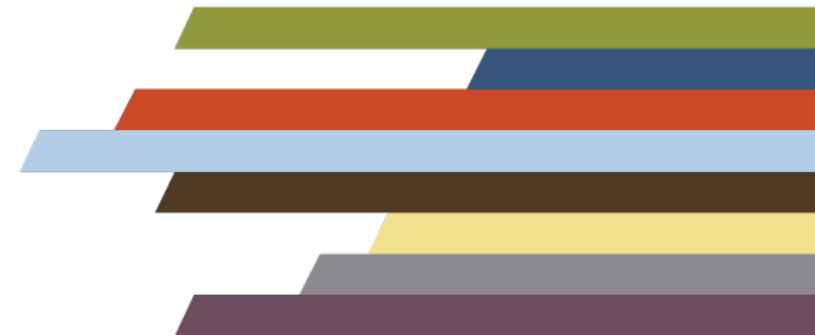
- The research suggests that between 30-70% of individuals who experienced trauma also report positive change and growth coming out of the traumatic experience (Joseph and Butler, 2010).
- The “experience of individuals whose development, at least in some areas has surpassed what was present before the 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



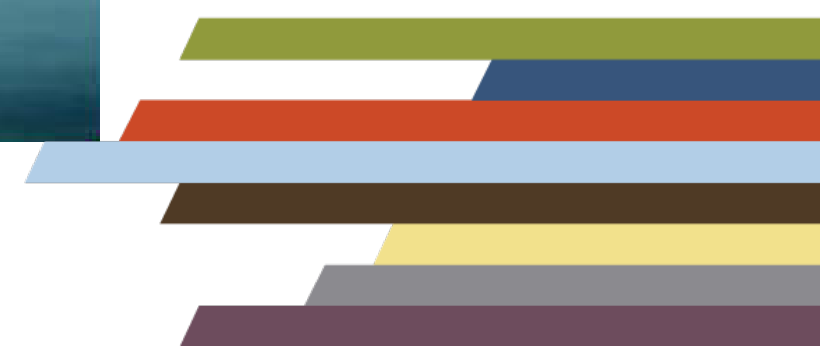


# The Theory of Trauma

- 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

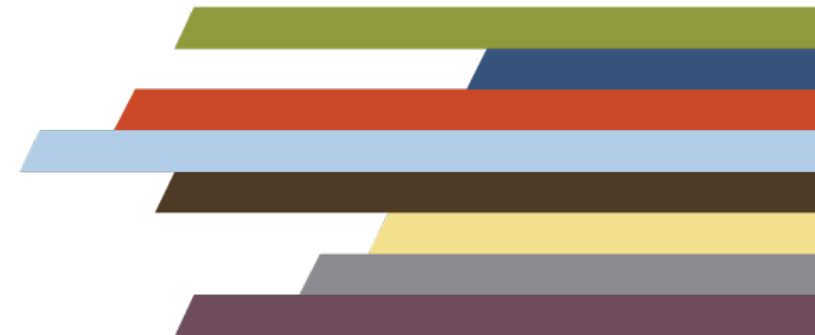


# The Container



# 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.



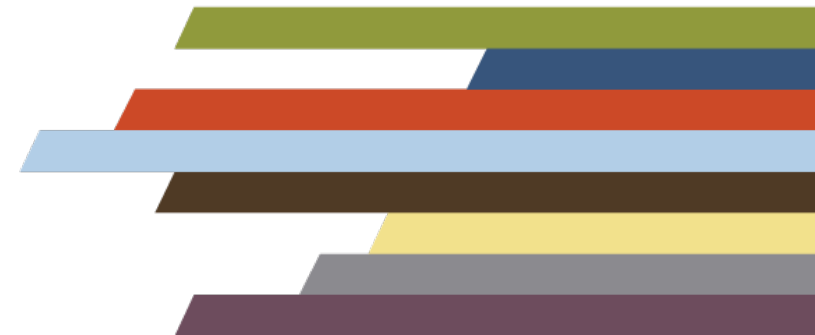
A paradigm shift

From:

**“What is wrong with you?”**

To:

**“What happened to you?”**



**Thank You!**

