Principles of Trauma-Focused Treatment for Adolescents with Substance Use Disorders

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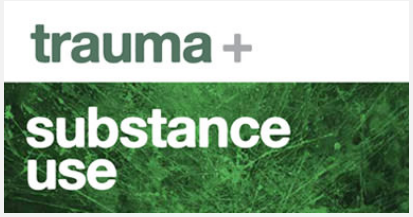
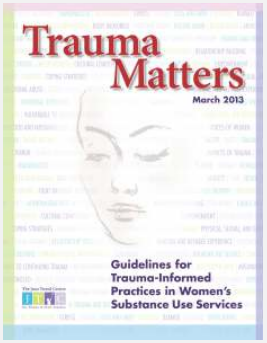
What the Research Tells Us

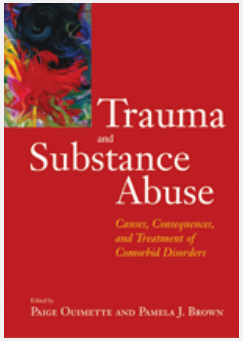
- Strong relationship between trauma and substance use disorders (SUDs) – comorbidity rates as high as 75%
- Up to 54% of adolescents in inpatient SUD treatment centers meeting criteria for PTSD
- 2-3x as many females reporting PTSD than males with SUD

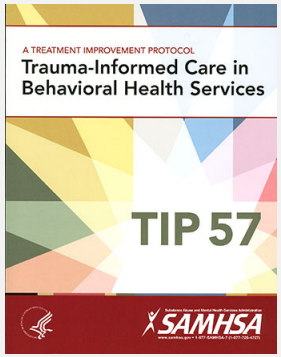
Importance of Trauma to Development of SUD

- Early childhood maltreatment may set the stage for a developmental process that leads to increased drug use
- Interrelationship between trauma, mental health symptoms and substance use – research has shown different cause and effect relationships, but clear that these often co-occur









Importance of Trauma

- Large study divided youth receiving substance abuse services into 2 groups – low/no trauma symptoms vs. high/moderate
  - High/moderate group had 300x greater risk for internalizing symptoms than the no/low trauma group
  - More externalizing symptoms, substance abuse problems, school problems, community problems, risk behaviors and service utilization (Suarez et al. 2012)

What We Know about Trauma and Substance Use Disorders

- Mutual risk factors
- Greater need (severity, functioning, involvement in service system)
- Challenges in the family and community
- Barriers to getting support

Comprehensive/Integrated Care

Needs	Challenges	Solutions
You need a range of services	Unidimensional view of problems	Programs need to be more comprehensive
Clinicians need to be well versed in multiple strategies to address the full range of problems	Separation of mental health and substance abuse services systems and funding streams	Service system coordination and integration
Understanding how triggers are related to dysregulation can help guide care	Lack of guidance on how to integrate approaches for youth with co-occurring disorders	Cross training to increase understanding of both trauma and substance abuse

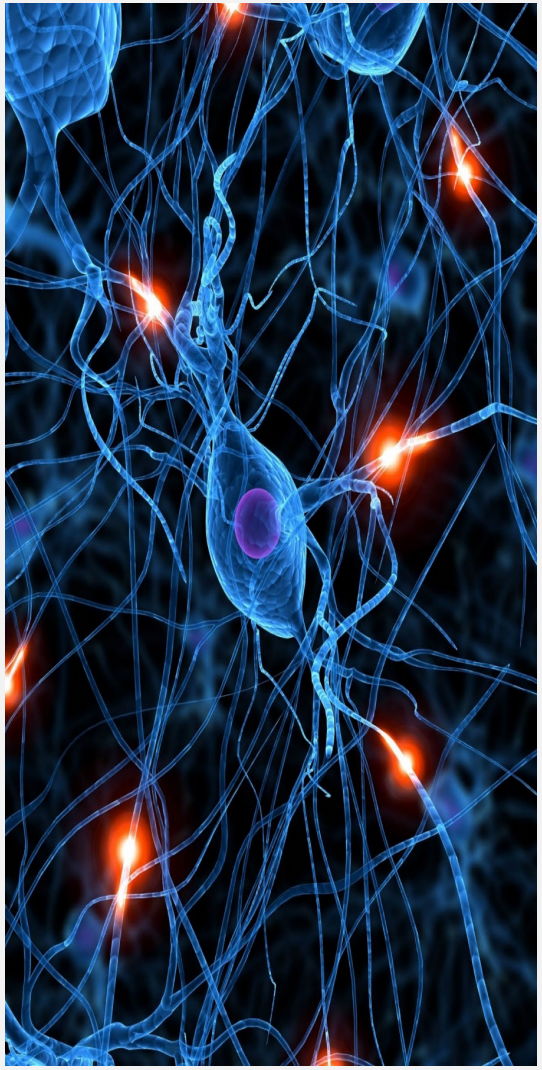
Keywords: Comprehensive, flexible, integrated

NCTSN The National Child Traumatic Stress Network

So what does trauma DO to us?

Basic Brain Development:

- Brain development is **sequential** & **hierarchical**
- It involves the creation of a complex web of neural networks or associations
- Neurons that fire together, wire together
- Brains are shaped by experiences, both positive and negative



Survival & Fear:
Our Brain's Special Talent

The Body's Alarm System

- The body's alarm system is designed to make us efficient & keep us safe
- An adaptive system for stress management is built from early experiences
  - One gears us up (sympathetic)
  - The other brings us down (parasympathetic)
- 2 primary body systems involved
    - Nervous system
    - Endocrine system

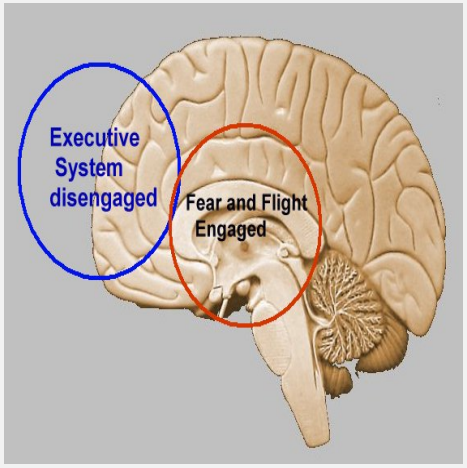
The Body's Alarm System

- Depending on the circumstances, there are 3 ways to respond to threat:
  1. Flight
  2. Fight
  3. Freeze

When The Stress Response System Goes Wrong

- Two main ways this system goes wrong:
  - Sensitized: over-react to stress or any potential threat (fight or flight)
  - Desensitized: numb to stress (freeze/dissociate)

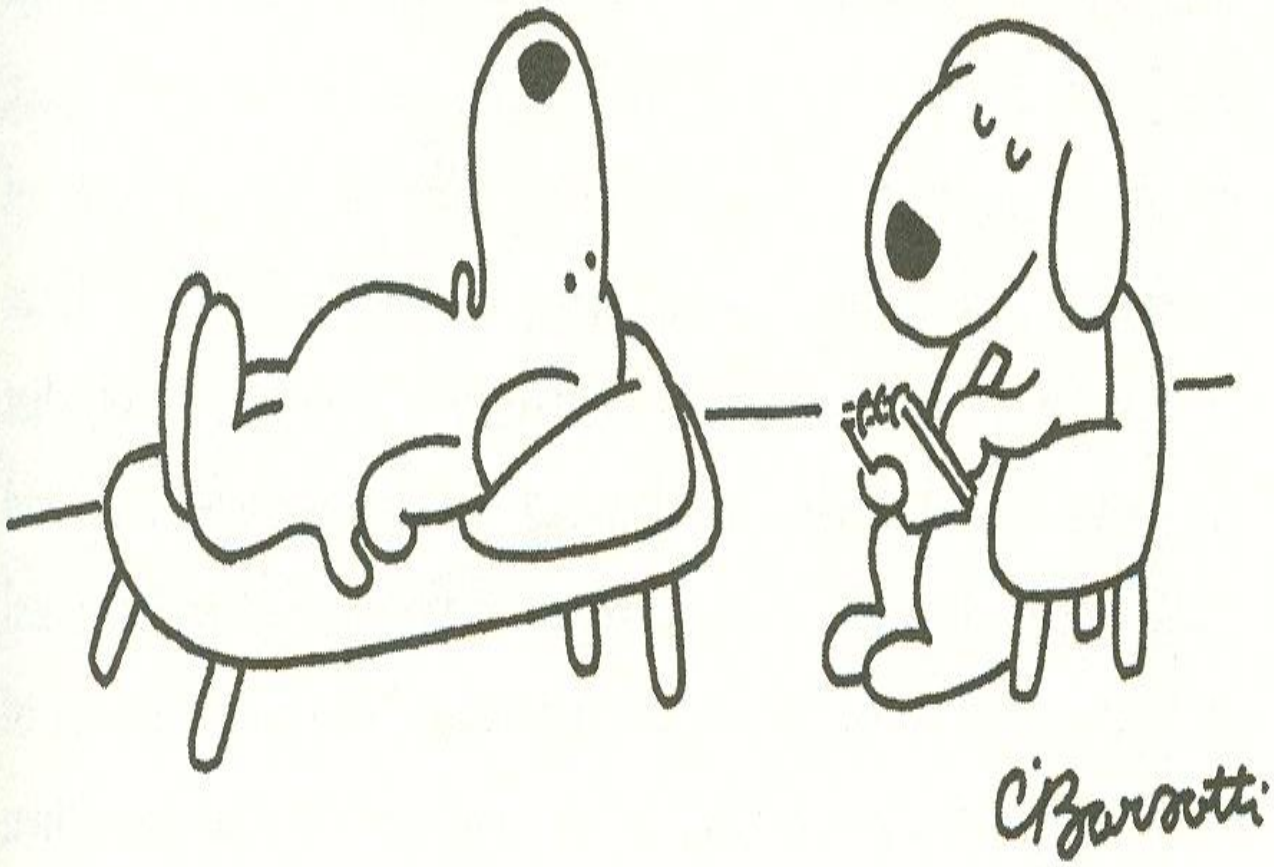
- Constant fear and related adaptive reactions (hypervigilance) literally make us dumber by "shutting down" higher regions (unnecessary for survival) of the brain



Trauma derails development

- Exposure to trauma causes the brain to develop in a way that will help the child survive in a dangerous world:
  - On constant alert for danger
  - Quick to react to threats (fight, flight, freeze)

- The stress hormones produced during trauma also interfere with the development of higher brain functions



"I bark at everything. Can't go wrong that way."

Complex Trauma

- “The experience of multiple, chronic and prolonged, developmentally adverse traumatic events, most often of an interpersonal nature, and early life onset”
- Impact across multiple domains

Effects of trauma exposure

- Attachment
- Biology
- Mood regulation
- Dissociation
- Behavioral control
- Cognition
- Self-concept
- Development

Trauma reminders or triggers

- Can be external or internal experiences or things that can set off a “trauma reaction”
  - An infinite number of triggers
  - Vary for every individual
- When triggered, an individual (child, youth or parent/adult) is acting, feeling or thinking in a way that is influenced by their earlier trauma

- Their reaction to the situation at hand goes beyond what the situation would call for

What can trauma look like?

Characteristics of Traumatized Adolescents

- ***lack of control*** with respect to:
  - Their trauma symptoms (e.g. hypervigilance, externalized symptoms, dysregulation)
  - Who their guardian/caretaker is and where they live

- ***lack of predictability*** with respect to:
  - Caregivers' own problems can interfere in providing predictable, stable parenting

  Sense of chaos

  - Externally (family substance abuse, violence, school dropout)
  - Internally (due to trauma symptoms)

Adopting a Trauma Lens…

- Aware at all times of how the impact of trauma may be affecting the teen and family
- On lookout for trauma triggers
- Focus on safety, affect regulation, coping and self-management skills and the therapeutic relationship itself (promotion of healing relationships)
- Prevent inadvertent retraumatization

Engagement of Traumatized Adolescents

Double whammy of trauma and substance use

- Both are associated with difficulty to engage
- Often distrust adults and have been let down by caregivers; lack of secure attachment
- Both involve avoidance
- Both associated with family chaos, parental substance abuse, trauma and MH issues
- Parents often wish their child to avoid seeking help for trauma
- Many logistical barriers

Addressing the Symptom of Trauma Avoidance Early on in Treatment

- Introducing the concept of trauma avoidance early on in treatment
- Make the connection to substance use as an avoidance strategy
- Strategies for introducing symptom of trauma avoidance
- Incorporating gradual exposure into treatment sessions

Survival Coping

- Helping adolescent understand how many of their trauma symptoms can actually be understood as survival coping
- Hypervigilance as adaptive
- Fight, flight and freeze as an adaptive response to danger

Fostering Engagement

- In addition to establishing rapport, we must establish trust
- Build engagement while working toward stabilization
  - Do not lose this brief window of opportunity
  - Contact other "systems" in client's life
  - Address safety concerns

  Be patient and consistent
- Expose youth to therapeutic relationship in a gradual, controlled way
- Allow youth to familiarize themselves with and give appropriate control over the therapeutic environment
- Focus on developing a therapeutic relationship based on respect, open sharing of information, empowerment and conveying a sense of hope

Building Rapport in the Initial Stages of the Therapeutic Relationship

- Treatment:
  - Includes conversation about change
  - Is a collaborative conversation focused on:
    - Strengthening the client's own motivation for and commitment to change
    - Eliciting and exploring the person's own reasons to change
  - Seeks to help client identify his/her own motivation and commitment to treatment

Building Rapport in the Initial Stages of the Therapeutic Relationship, con't

- Express empathy
- Support self-efficacy
  - Support the client's belief that change is possible by focusing on previous successes and highlighting client's skills and strengths
- Avoiding "struggling" with client or "convincing" them to change
  - De-escalate conversation
  - Disrupt any potential struggle that would result in the session appearing to be an argument
- Help client identify where they are and where they want to be

Considerations in Conducting Assessment with Traumatized Substance Using Youth

- Trauma/SUD youth often present with:
  - Multiple, chronic experiences of interpersonal trauma since a young age
- For this reason:
  - Assessment process can be like "peeling an onion" (as trusting relationship builds, additional information is revealed)

- In the absence of a consistent caregiver, relevant information must be obtained from other sources (e.g. teacher, case worker, etc.)
- Importance of avoiding triggering or flooding clients with too many questions about their histories

Use of Standardized Assessment Instruments as Engagement Tools

- Familiarize ourselves with the assessment tools
- Use the assessment tools as part of a strong clinical interview
- Introduce the assessment tools in an engaging way
- Provide feedback based on the assessment

Trauma Avoidance on the Part of the Clinician: Implications for the Work

- Overcoming our own concerns about the youth's avoidance
- Believing in the benefits of helping youth master avoidance is a critical factor
  - Youth detect subtle cues regarding lack of confidence or fear in their therapists
- If we are confident, we will model this assurance, and youth are more likely to feel safe
  - If we are uncertain, children's fears will be reinforced

Trauma-Informed Care (TIC)

- Yes, there are specific evidence-based treatment models for symptoms related to trauma (PTSD and other problems)
- But, healing from trauma for adolescents with trauma and substance abuse requires more than therapies, per se
- Trauma-informed care in non clinical settings (e.g., caretakers, educators, child welfare workers, juvenile justice probation officers, etc)

Core Components of Trauma-Focused Interventions

Motivational interviewing

Risk screening

Triage to match clients to the interventions that will most likely benefit them

Systematic assessment, case conceptualization, and treatment planning

Engagement/addressing barriers to service-seeking

Psychoeducation about trauma reminders and loss reminders

Psychoeducation about posttraumatic stress reactions and grief reactions

Teaching emotional regulation skills

Parenting skills and behavior management

Constructing a trauma narrative (to reduce posttraumatic stress reactions)

Teaching safety skills

Trauma Narrative

- Narrative is used to understand youth's subjective experience during the trauma
- Also used to make meaning and provide the connection from the past trauma to current problems
- Desensitize to fear
- Identification of trauma themes

Advocacy on behalf of the client

Teaching relapse prevention skills

Monitor client progress/response during treatment

Evaluate treatment effectiveness

What is TF-CBT?

- A proven, evidence-based treatment for traumatized children and youth and their parents/caregivers

- Goals:
  - To resolve PTSD, anxiety, depression and other trauma-related emotional, behavioral and cognitive symptoms in children and adolescents
  - Optimize adaptive functioning

Basic Structure of TF-CBT

- Individual treatment, primarily with youth, although parent/caretaker should be involved if possible
- 16-30 sessions
- Designed to address core PTSD symptoms, and common related problems of anxiety, mood, some behavior issues.
- Research shows reductions in parental distress and improvements in parenting

For Which Youth is TF-CBT the Appropriate Treatment?

- Identifiable, known trauma history
- Any type of trauma
- Trauma symptoms are prominent
- Co-morbid disorders can be managed without dominating treatment
- Placement is “stable-y-unstable” enough to complete treatment ideally through the trauma narrative
- Parental/caregiver involvement is optimal (not always possible)

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