

# Trauma Informed Care, Suicidality and Motivational Approaches for Substance Use

Trish Caldwell MFT, LPC, CAADC, CCDP-D, CCTP

Corporate Director of Family Services

Interim Clinical Director

Recovery Centers of America

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# Objectives

- Define trauma informed care as articulated by SAMHSA
- Identify 5 shared symptoms of trauma and Substance Use Disorder (SUD), including suicidality
- Identify 3 parts of the brain impacted by trauma and substance use
- Explore the application of motivational strategies to enhance treatment of persons with trauma and increase the behaviors necessary to address the symptoms of SUD and suicidality

# Prevalence of Trauma

## CDC reports:

- One in four children experiences some sort of maltreatment (physical, sexual, or emotional abuse).
- One in four women has experienced domestic violence.
- The prevalence of current PTSD (*Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition; DSM-IV*) in SUD individuals is around three times higher than in the general population

**SAMHSA's Six Key  
Principles of a  
Trauma-Informed  
Approach**

# Treatment Includes:

- Safety ( physical, psychological, social, and moral)
- Trustworthiness and transparency
- Peer support
- Collaboration and mutuality
- Empowerment, voice, and choice
- Cultural, historical, and gender issues

• Source: [Samhsa.gov](https://www.samhsa.gov)

# Understanding Trauma Informed and Trauma Specific Treatments

- Addressing trauma in substance use treatment involves both “trauma-informed” and “trauma specific” approaches.
- **Trauma-informed systems and services** take into account knowledge about trauma—its impact, interpersonal dynamics, and paths to recovery—and incorporate this knowledge thoroughly in all aspects of service delivery.
- The primary goals of **trauma-specific services** are more focused: to address directly the impact of trauma on people’s lives and to facilitate trauma recovery and healing.
- Ideally, substance use treatment programs will create trauma-informed environments, provide services that are sensitive

# Trauma Informed Initiatives

- Begin to respond to substance use through a trauma informed lens
- Change the dialogue from *what did you do?* to *what happened to you and what can I do to help?*
- Create sustainable and meaningful treatment approaches
- Appreciates the value of all staff interactions not just clinical



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# Trauma and Substance Use

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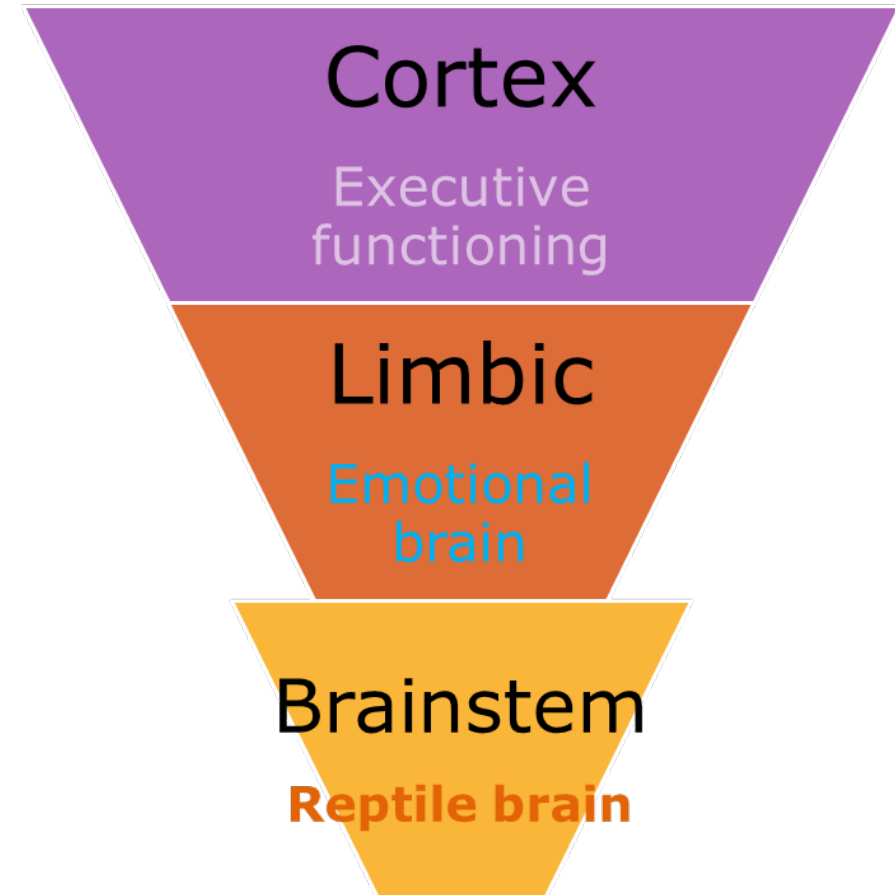
# Treatment Outcomes - PTSD and SUD

- Individuals with PTSD/SUD more vulnerable to poorer short-and long-term outcomes. (Ouimette, Moos, & Brown, 2003)
- Becoming abstinent from substances does not always resolve trauma and can increase symptoms
- PTSD heightens the likelihood of relapse, and the potential for multiple relapses. (Norman, Tate, Anderson, & Brown, 2007)
- A trauma history and current trauma symptoms are associated with relapse to alcohol or other substance use in alcohol dependent women. (Heffner, Blom, & Anthenelli, 2011)
- PTSD/SUD has been shown to be associated with poorer treatment outcomes, and higher relapse rates. (Sonne, Back, Zuniga, Randall, & Brady, 2003)



# Brain Development: Bottom to Top

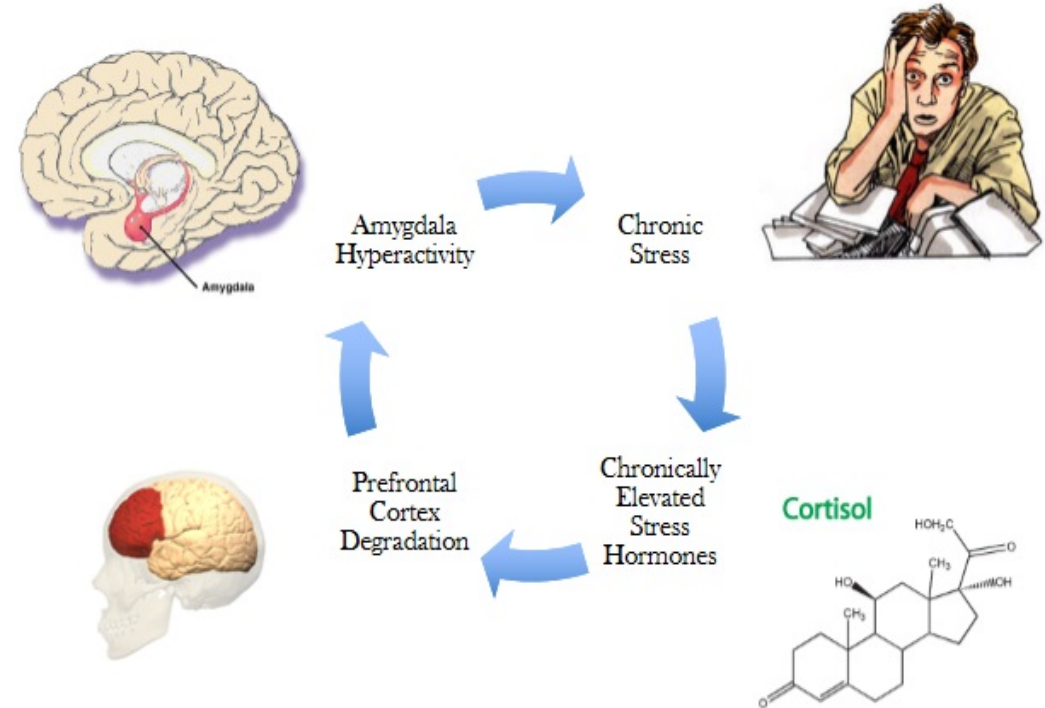
- **Rational Brain-Cortex:** the youngest part of our brain. It is concerned with the world around us- goals, relationships, and jumps to conclusions based on the lower brain emotions
- **Emotional Brain-Limbic System:** the seat of our emotions, the monitor of danger and judge of what is scary or pleasurable. And is shaped to experience combined with personal temperament
- **Reptilian Brain -Brainstem :** most primitive located at the brain stem and is responsible for all things new born babies do. Also coordinate the endocrine system and immune systems



# Brain's Alert System

- Fear Response System
- Importance of the hypothalamic-pituitary-adrenal (HPA) axis
- Impact on 3 main regions:
  1. Nucleus accumbens
  2. Amygdala
  3. Cortex

## HPA Dysfunction (too much stress)



Source: <https://blumatteruoft.wordpress.com/depression-and-the-stress-system/>

# Shared Symptoms of SUD, Trauma

- Low frustration tolerance
- Poor impulse control
- A tendency toward rash action
- The inability to modulate or tolerate strong emotions
- Fear of a pain-filled inner world may make them want a “quick fix”
- Trauma bonding \*
- Traumatic reenactment- the “vortex” \*
- Cognitive Disturbance (low self-esteem; self-blame)
- Mood disorders (depression, anxiety)
- Suicidality
- Somatoform Disorders
- Avoidance
- Difficulty with affect regulation
- A sense of the Loss of self
- Denial

**A program,  
organization or  
system that is  
trauma informed:**



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



Recognizes the signs and symptoms of trauma in individuals served, families, staff, and others involved with the system



Responds by fully integrating knowledge about trauma in its expression of behaviors, and reduces shame



Seeks to actively resist re-traumatizing

## So What are the Needs of Those Impacted by Trauma and Substance Use?

- To know they are safe from emotional or physical harm
- An understanding and education of how trauma has impacted their lives and how substance use was integrated into that life
- An understanding and respect for the behaviors that have existed and what purpose they have served
- Reassurance of safety and trust in important relationships and the time to establish the trust
- Predictability
- Non-threatening interactions
- **Choice and empowerment opportunities**
- Opportunities to be able to move to a calmer emotional state and guidance on how to get there

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# **Intersection of Suicidality**

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*Emerging research suggests that some individuals with particular types of substance use and abuse may be more likely to engage in suicidal behaviors. For example, those who use opiates, cocaine, or sedatives may have a noticeably higher risk of suicide than those who use other drugs (Center for Disease Control 2009)*

# Increased Vulnerability

- Alcohol and substance use disorders have been found to be strongly related to suicide risk.
- Numerous studies of individuals in drug and alcohol treatment show that past suicide attempts and current suicidal thoughts are common.
- Among women, a substance use disorder increases the risk of suicide 6.5-fold (Roy A, 2009)



# Information You Should Know:

- Suicide is the leading cause of death among persons who misuse substances
- Persons treated for alcohol use/dependence are at 10x greater risk of suicide than the general population
- Persons who inject drugs are at 14x more risk (Esang, M 2018)

# What Places Person in Treatment at Risk?

- Seek help when use is out of control
- Other life factors likely to be out of control
- Maybe peak of mood symptoms
- Co-occurrence of other mental health disorders

# Treatment-Specific Risk Factors

- Treatment transitions
- Therapeutic discharge
- History of Suicide Ideations/Suicide Attempts
- Expectations of the worst if relapse
- Experience of acute life stressors

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# **Substance Use and Suicidality**

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# Substance Use as a Risk

- Although a consistent association exists between substance use disorders and suicidal behaviors, the vast majority of those with substance-related problems will never die by suicide
- However, collectively, substance use disorders confer a risk of suicide that is 10–14 times greater than that of the general population
- Emerging research suggests that some individuals with particular types of substance use and abuse may be more likely to engage in suicidal behaviors.
- The severity of substance use disorders (i.e., a greater number of substances or misuse of more than 1 substance) may predict a greater likelihood of suicide. (Esang 2018)

# Substance of Choice as a Risk

- One study found that opiates were present in 20% of suicide deaths, marijuana in 10.2%, cocaine in 4.6%, and amphetamines in 3.4% (Esang, 2018)
- Among the reported substances, alcohol and opioids are associated with the greatest risks of suicidal behavior (Wilcox, 2004)
- Among those with an alcohol use disorder, a greater severity of recent drinking is associated with the greater likelihood of suicide attempt and suicide mortality.(Esang, 2018)
- Co-occurring alcohol and drug use disorders may be particularly strong indicators of increased risk of suicide.

# Alcohol and Suicidal Ideations/Suicide Attempts

- Compared with the general population, individuals with alcohol dependence and persons who use drugs have a 10–14 times greater risk of death by suicide, respectively (2), and approximately 22% of deaths by suicide have involved alcohol intoxication (2). (Wilcox,2004)
- Deaths related to substance use are highest among persons with substance use disorders followed by persons who misuse opiates.
- Individuals with comorbid alcohol use disorder and a mood disorder have a greater risk of suicide attempts compared with individuals with a mood disorder alone.

# Risks Factors

- Past suicide attempts are a strong risk factor for subsequent suicidal behaviors in those with substance use disorders.
- Depressed mood is a risk factor for suicidal behaviors in the general population and also predicts a greater likelihood of suicide in those with alcohol or drug use disorders.
- The link between depression and suicidal behaviors in those with substance use disorders may be particularly strong given the high comorbidity between mood and substance use disorders.



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# **Intersecting Trauma, SUD and Suicidality**

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# Partner Violence

- Violence toward a romantic partner is an important predictor.
- Physical aggression toward a partner was associated with higher levels of suicidal ideation than was aggression toward a nonpartner.
- Domestic violence is common in men with alcohol use disorders who complete suicide.

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# **The Impact of Covid**

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# Covid Complications

- The coronavirus disease 2019 (COVID-19) pandemic has been associated with mental health challenges
- Younger adults, racial/ethnic minorities, essential workers, and unpaid adult caregivers reported having experienced disproportionately worse mental health outcomes, increased substance use, and elevated suicidal ideation.
- 40.9% of respondents reported at least one adverse mental or behavioral health condition, including symptoms of anxiety disorder or depressive disorder (30.9%), symptoms of a trauma- and stressor-related disorder (TSRD) related to the pandemic† (26.3%), and having started or increased substance use to cope with stress or emotions related to COVID-19 (13.3%) and those who reported having seriously considered suicide in the preceding 30 days (10.7%) (CDC, 2020)

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# Assessment

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# Screening & Assessment

- All individuals screened at intake
- Screening & Assessment as part of Nursing & MD evaluation
- Assessment during Psychiatric Evaluation
- Re-screening by Clinician (Masters Level) daily
- At-risk individuals reassessed every shift by Nursing/Clinician
- All individuals re-screened at discharge
- Wellness check for high-risk individuals post-discharge

# Assessment

- Risk factors: to include questions about prior violence toward others as part of a comprehensive suicide risk assessment.
- Past treatments
- Proximal & distal stressors
- Changes in health, psychological or disease status
- Recent losses
- Conflictual relationships

# Assessment

- History of violence or abuse (perpetrator/victim)
- History of suicide: past attempts; among loved ones; lethality; response
- Ideation vs intent vs plan
- Access to lethal means
- Hopelessness
- Reasons to live & motivation



# Screening Tools

- Ask Suicide Screening Toolkit (ASQ) by National Institute of Mental Health
- Columbia Suicide Severity Rating Scale (C-SSRS) Triage Version
- Individual Health Questionnaire 9 (PHQ-9) Depression Scale
- Suicide Behavioral Questionnaire Revised
- Scale for Suicidal Ideation-Worst
- Beck Scale for Suicide Ideation

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# Treatment

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# Intervention

- Empathize with the suicidal wish and reasons their life isn't worth living as it is currently being lived
- Validate pain/emotions
- Identify and strengthen reasons for living
- Focus on the negative consequences of suicidal behavior
- Reinforce ANY non-suicidal response
- Highlight connection between current crisis, individual's overall behavior, and ultimate goals
- Highlight model that suicide may serve for other loved ones

# Intervention

- Do NOT validate suicide as an effective option
- Generate hope, make hopeful statements
- Generate solutions/troubleshoot solutions
- Medication Assisted Treatment (MAT): The use of methadone and buprenorphine should be prioritized within an integrated treatment plan for individuals with opioid use disorder to protect against suicide
- Get commitment to plan of action
  - Remove, have removed or get individual to remove any lethal means
  - Plan with no alternative for self-harm or suicide

# Dynamic and Static Risk Factors Associated With Suicide and Protective Factors

Dynamic and Acute Risk Factors Static	Long-Term Risk Factors	Protective Factors
<p>Current suicidal ideation</p> <p>Current suicidal plan</p> <p>Preparation for suicide</p> <p>Acute symptoms of mental disorder</p> <p>Severe anxiety</p> <p>Anxious ruminations</p> <p>Global insomnia</p> <p>Psychosis with delusions of poverty or doom</p> <p>Active or recent alcohol misuse</p>	<p>Family history</p> <p>Caucasian race</p> <p>Unmarried status</p> <p>Living alone</p> <p>Lack of social support</p> <p>Medical illness</p> <p>Unemployment</p> <p>Fall in social or economic status</p> <p>Rejection by spouse or partner</p> <p>Previous suicide attempts</p> <p>Anniversary of important losses</p>	<p>Reasons for living</p> <p>Sobriety</p> <p>Attending 12-step support groups</p> <p>Religious attendance and/or internalized spiritual teachings against suicide</p> <p>Presence of a child in the home and/or childrearing responsibilities</p> <p>Intact marriage</p> <p>Trusting relationship with a counselor, physician, or other service provider</p>

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# Motivational Enhancement

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# How Motivation Interviewing (MI) can Help Individuals with Recovery

*“People are generally better persuaded by the reasons which **they** have themselves discovered than by those which have come into the mind of others.”*

~ Blaise Pascal, French mathematician, physicist and religious philosopher

# Importance of Motivational Interviewing and Values Based Work

- Decisional balance of behaviors
- Finding out which stage the individual is at, and addressing the concerns specific to their stage
- Have the individual articulate their “pros” and “cons” so they can better process and ultimately resolve the conflict between them.
- Empathizing and empowering the individual to take steps towards change by affirming their strengths as well as the centrality of their initiative in lasting change



# Integration of Motivational Interviewing

- Find out which stage of change the individual is at, and addressing the concerns specific to their stage
- Have the individual articulate their “pros” and “cons” so they can better process and ultimately resolve the conflict between them.
- Empathize and empower the individual to take steps towards change by affirming their strengths as well as the centrality of *their* initiative in lasting change

# Motivational Interviewing Prioritizes:

- Autonomy and allowing the individual to be responsible for change
- **Collaboration** and working in partnership with the individual
- Respect by allowing the individual *to* teach

# Case Study

- 20-year-old female, diagnosed with bipolar, using alcohol and marijuana. History of substance use and suicidal ideation (SI)
- Importance of brain states
- Control fear and anxiety- so she can express herself about SI
- Discussion of her substance use and SI- especially alcohol.

# Additional Evidenced Based Treatment

## DBT

- Regulation skills and distress tolerance skills
- Explores ways to enhance motivation: commitment strategies
- Chain analysis can explore ways to understand behaviors and look prior to actual event
- Radical acceptance
- Life worth living

(Linehan, 2014)

## CBT

- CBT is by far the most empirically supported form of psychotherapy
- ABC's
- For eating disorder's and most forms of trauma-related comorbidity, including mood, anxiety, and substance use disorders

# Resource List

- [SAMHSA's Suicide Prevention Resource Center](#)
- [Suicide Prevention Resource Center](#)
- [SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach](#)
- [6 GUIDING PRINCIPLES TO A TRAUMA-INFORMED APPROACH](#)
- [Trauma-Informed Care Implementation Resource Center](#)
- [trauma informed care.chcs.org/trauma-informed-care-basics](http://trauma-informed-care.chcs.org/trauma-informed-care-basics)
- [www.zerosuicide.org](http://www.zerosuicide.org)
- <https://www.cdc.gov/violenceprevention/pdf/suicideTechnicalPackage.pdf>
- [www.cdc.gov/violenceprevention/overview/social-ecological-model.html](http://www.cdc.gov/violenceprevention/overview/social-ecological-model.html)
- <https://www.cdc.gov/violenceprevention/public-health-issue/social-ecological-model.html>
- [https://www.jointcommission.org/topics/suicide\\_prevention\\_portal.aspx](https://www.jointcommission.org/topics/suicide_prevention_portal.aspx)

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