

COMPLEX TRAUMA & SUBSTANCE USE

Carie Rodgers, Ph.D., ABPP

PsychArmor Institute Speakers Bureau



**Florida Alcohol and
Drug Abuse Association**

The Florida Behavioral Health Association

Sponsored by the Florida Alcohol and Drug Abuse
Association and the State of Florida, Department of
Children and Families



**FLORIDA DEPARTMENT
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INTRODUCTION

LEARNING OBJECTIVES

- Discuss the connection between trauma exposure and substance use.
- Explore several ways in which trauma-related symptoms can impair engagement in treatment.
- Describe treatments that incorporate trauma treatment and treatment for substance use.

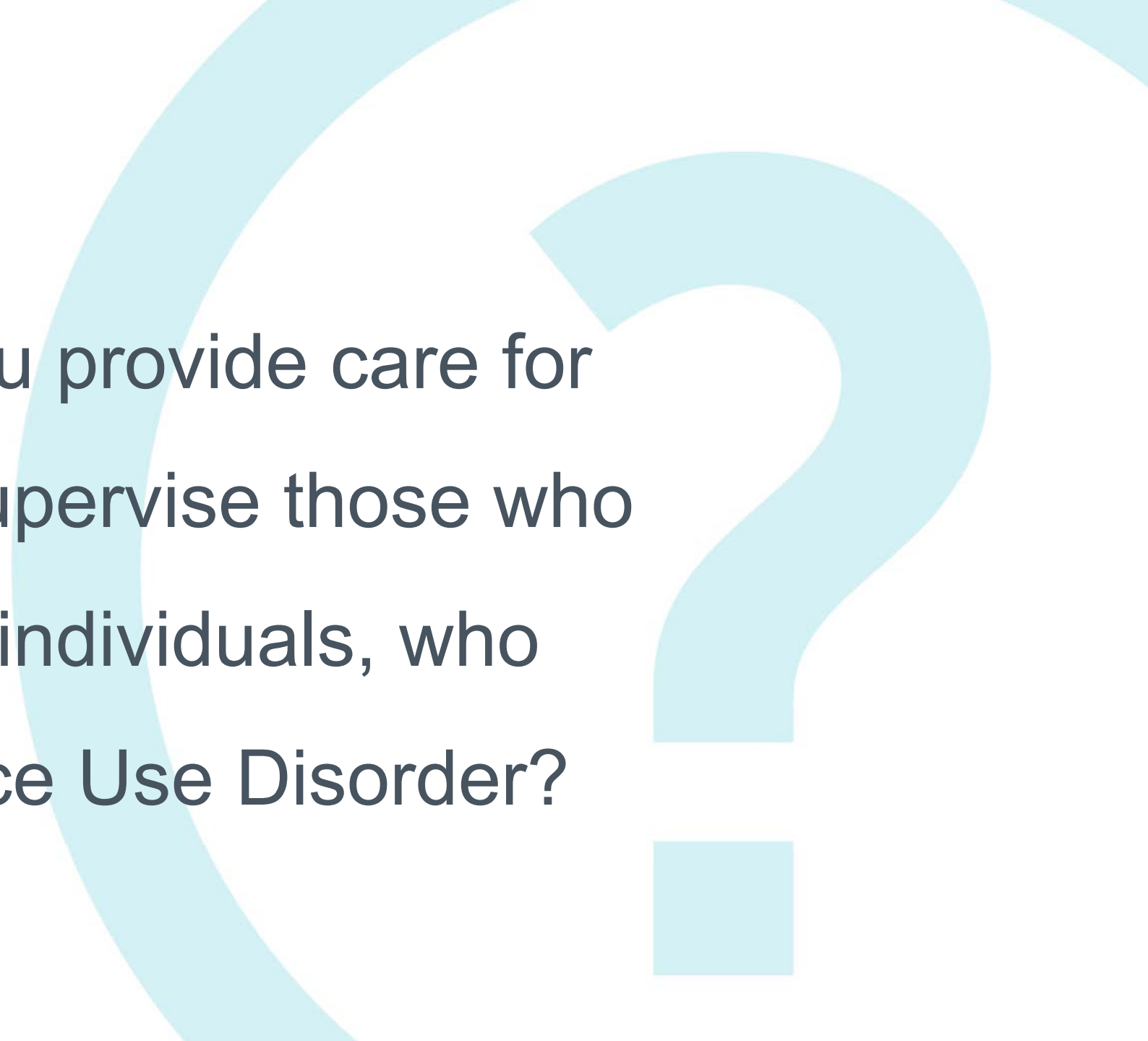


SUBSTANCE USE DISORDER IN THE U.S.

- Problem substance use affects millions
- Significant public health problem
- Affects mental and physical health
- Affects relationships and occupational functioning

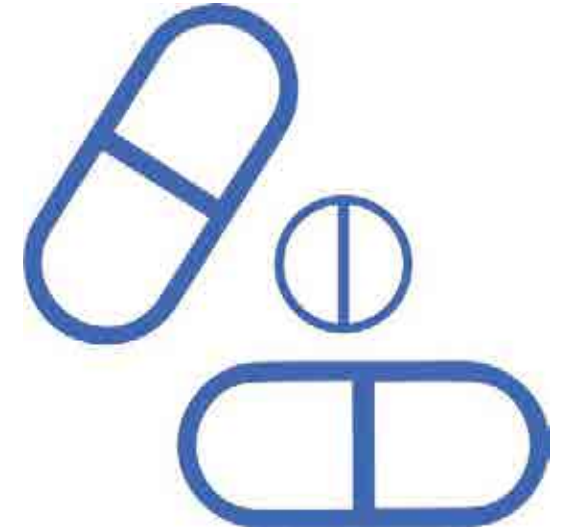
Poll

How many of you provide care for individuals, or supervise those who provide care for individuals, who have a Substance Use Disorder?



SUBSTANCE USE DISORDERS IN THE U.S.

- 19.3 Million people aged 18+
 - 3 IN 4 (74.5% or 14.4 Million) - Alcohol
 - 3 IN 8 (38.3% or 7.4 Million) - Illicit drugs
 - 3.9 Million people have Marijuana Use Disorder
 - 1 IN 8 (12.9% or 2.5 Million) - Alcohol + Illicit drugs
- 9.6 Million people misuse* Opioids
- \$442 Billion in cost to society each year



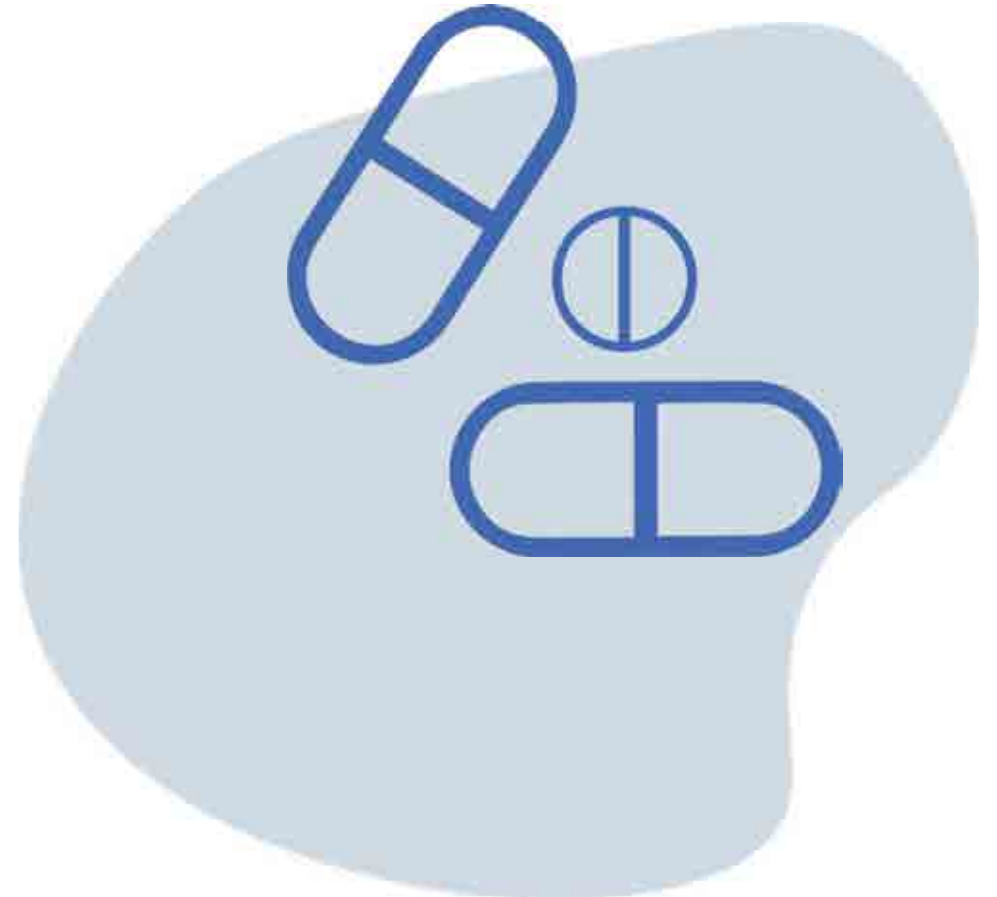
DSM-V SUBSTANCE USE DISORDER

- Diagnosed when substance causes problems in life
- Harm and danger to life, health, relationships
- Each substance has its own disorder
- Number of symptoms endorsed leads to diagnosis:
 - Mild - 2 or 3 symptoms
 - Moderate - 4 or 5 symptoms
 - Severe - 6 or more
- Symptoms are measured in the past year

DSM-V SUBSTANCE USE DISORDER

○ Symptoms in the past year

- Tolerance
- Withdrawal
- Craving
- Using more than intended
- Using despite physical or psychological problems
- Using in risky situations
- Interpersonal problems
- Desire to cut down use
- Excessive time using/acquiring/recovering
- Role disruption
- Reduction of important activities



SUBSTANCE USE DISORDER



TREATMENT FOR SUBSTANCE USE DISORDER

Treatment for SUD can consist of many modalities in a wide variety of settings:

- Detox and Inpatient hospitalization
- Intensive Outpatient Programs
- Individual or Group Therapy
- Anonymous Community Support Groups



TREATMENT FOR SUBSTANCE USE DISORDER

- Multidisciplinary treatment teams when possible
- Evidence Based - Cognitive Behavioral Therapy
- Contingency Management
- Motivational Enhancement Therapy



TREATMENT FOR SUBSTANCE USE DISORDER

- Medication Assisted Treatment (MAT)
 - Opioid Use Disorder
 - Methadone
 - Buprenorphine
 - Different substances with identical effect as opioid
 - No euphoria or risk of overdose
 - Both reduce craving for opioids
 - Naltrexone
 - Opioid antagonist
 - Blocks euphoria secondary to opioid use

TREATMENT FOR SUBSTANCE USE DISORDER

- Medication Assisted Treatment (MAT)
 - Alcohol Use Disorder
 - Disulfiram (Antabuse)
 - Aversive side effects if alcohol is used
 - Headache, nausea and vomiting
 - Acamprosate (Campral)
 - Long term users of alcohol
 - Prescribed a few days after abstinence
 - Relief of acute withdrawal symptoms
 - Naltrexone (Trexan)
 - Opioid antagonist
 - Blocks positive effects of alcohol

TREATMENT FOR SUBSTANCE USE DISORDER

- Medication Assisted Treatment (MAT)
 - Nicotine (Tobacco) Use Disorder
 - Nicotine replacement
 - Nasal spray
 - Lozenge
 - Transdermal patch
 - Gum
 - None deals with addictive properties of nicotine
 - Varenicline (Chantix)
 - Bupropion (Zyban)
 - Reduce nicotine use and help quit

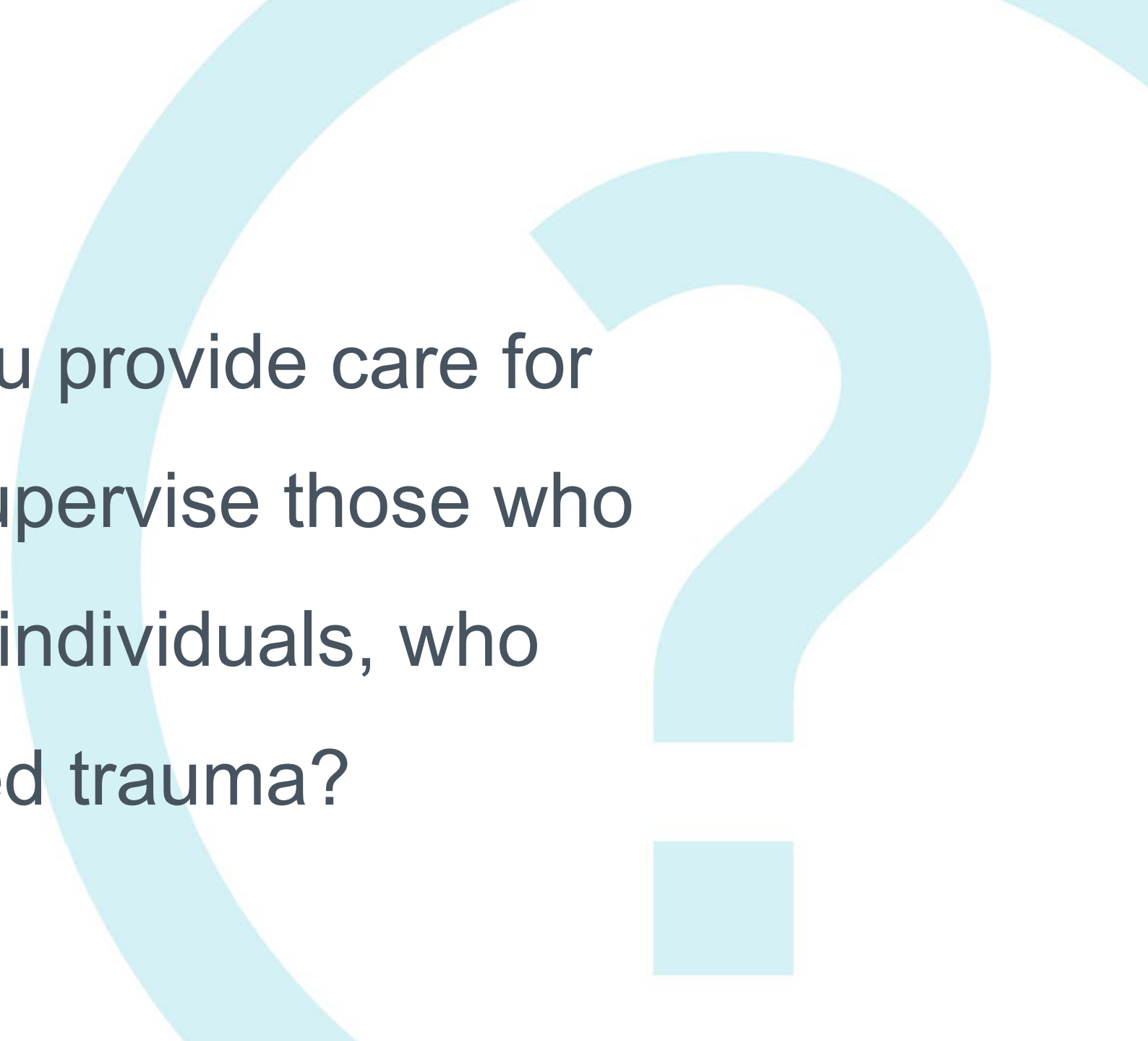


TRAUMA EXPOSURE IN THE U.S.

- Most people experience trauma
- Significant public health problem
- Affects mental and physical health
- Affects relationships and occupational functioning

Poll

How many of you provide care for individuals, or supervise those who provide care for individuals, who have experienced trauma?



TRAUMA EXPOSURE IN THE U.S.

- Approx. 90% report trauma exposure
 - Trauma exposure does not necessarily result in a mental health diagnosis
 - PTSD: 8%
 - Trauma exposure does predict impairment
 - repeated exposure increases likelihood of impairment



TRAUMA

DSM-5 Criterion A

- Real or perceived personal threat
 - Life, injury, sexual violation
- Witnessing this in someone else



POSTTRAUMATIC STRESS DISORDER

- Criterion A event (trauma)
- Four Symptom Categories
 - Re-experiencing or intrusion
 - Avoidance
 - Negative distortions in cognition and mood
 - Changes in arousal and reactivity

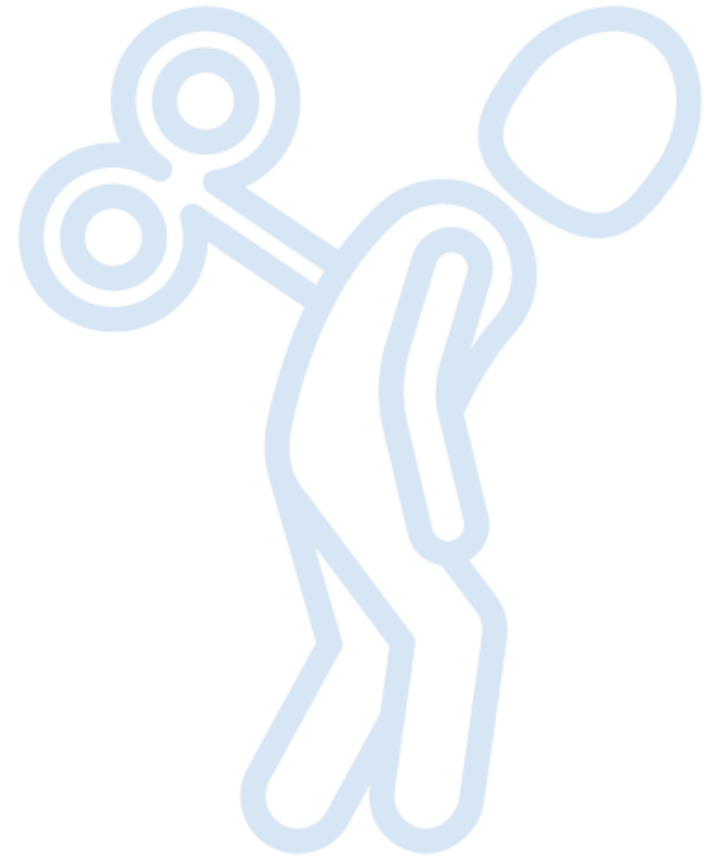



POSTTRAUMATIC STRESS DISORDER



TRAUMA IS COMPLICATED

- Emotional Impact
- Physical Impact
- Cognitive Impact
- Behavioral Impact



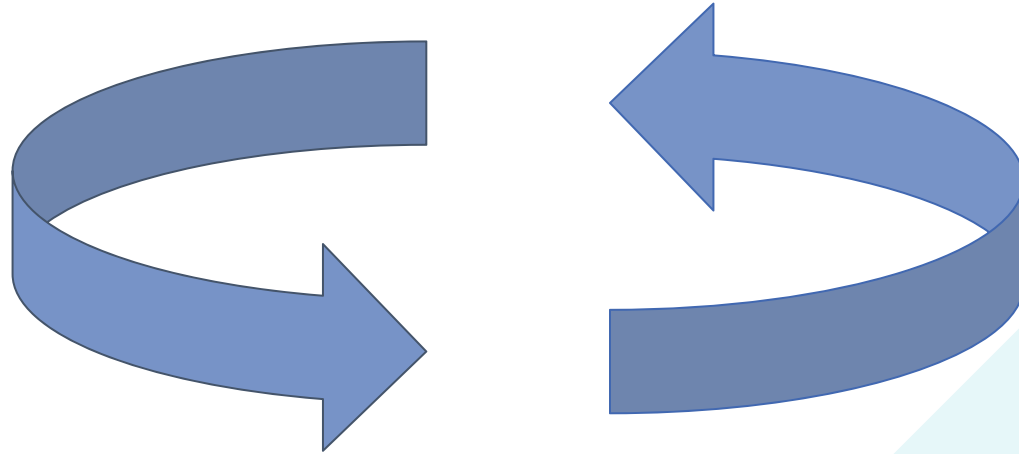


**TRAUMA
EXPOSURE &
SUBSTANCE USE
DISORDER**

THE RELATIONSHIP BETWEEN SUBSTANCE USE AND TRAUMA

- People with substance use problems are more likely to experience traumatic events than those without substance use problems
- Traumatized people are more likely than others to abuse substances

THE RELATIONSHIP BETWEEN SUBSTANCE USE AND TRAUMA



THE RELATIONSHIP BETWEEN SUBSTANCE USE AND TRAUMA

- $\frac{1}{4}$ to $\frac{3}{4}$ of people exposed to violence have problematic alcohol use
- 80% of Vietnam Veterans seeking PTSD treatment have comorbid Alcohol Use Disorders
- Adult & adolescent survivors of sexual abuse have higher rates of Substance Use Disorders

THE RELATIONSHIP BETWEEN SUBSTANCE USE AND TRAUMA

- **Veterans** have higher rates of SUD than civilians
- Increased prevalence of SUD when comorbid with:
 - PTSD
 - Traumatic brain injury
- Increased prevalence of SUD with:
 - Combat exposure
 - Longer deployments
 - Trauma from any military experience



**Traumatic
Brain
Injury**



**Posttraumatic
Stress
Disorder**

THE IMPACT OF SUBSTANCE USE ON TRAUMATIC STRESS SYMPTOMS

- Substances are often used to manage symptoms of traumatic stress:
 - Sleep problems
 - Hypervigilance or feeling “wound up”
 - Irritability
 - Avoidance of trauma reminders/thoughts/feelings
 - Distraction from other impairments

Poll

- How many of you were taught that Substance Use Disorders must be treated *before* any other mental health disorders could be addressed?

TREATMENT FOR SUBSTANCE USE DISORDER & TRAUMA

- Treatment is challenging in individuals with complex trauma histories and SUD
 - Historically diagnoses were treated sequentially, starting with SUD
 - Individuals with untreated PTSD are at a greater risk of relapse during/after SUD treatment
 - Intrusive symptoms and behavioral avoidance symptoms of PTSD predict drinking urges and drinking

TREATMENT FOR SUBSTANCE USE DISORDER & TRAUMA

- Current best practice is to treat comorbidities in an integrated manner.
 - Individuals with PTSD and SUD can safely engage in trauma-focused treatments for PTSD while being treated for SUD
 - Evidence suggests that treating comorbidities concurrently supports sobriety
 - Treatments can be done separately (but concurrently) or treatments can be integrated

TREATMENT FOR SUBSTANCE USE DISORDER & TRAUMA

- Concurrent or integrated treatments may better address symptoms that are barriers to treatment engagement:
 - **AVOIDANCE**
 - **AVOIDANCE**
 - **AVOIDANCE**

TREATMENT FOR SUBSTANCE USE DISORDER & TRAUMA

- Concurrent Treatments
 - COPE (Concurrent Treatment of PTSD and Substance Use Disorders Using Prolonged Exposure
 - 12 weekly, individual, 90-minute sessions
 - 1-3 sessions focus on goal setting, psychoeducation, craving control, and PE introduction
 - Imaginal Exposure, In-vivo Exposure, skills for managing thoughts about drinking and substance refusal skills are integrated into treatment

TREATMENT FOR SUBSTANCE USE DISORDER & TRAUMA

- Concurrent Treatments
 - Cognitive Behavioral Treatment
 - Basic Guidelines
 - Psychoeducation on SUD and PTSD as well as relapse prevention
 - Focus on cognitive restructuring

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THANK

YOU

