COMPLEX PTSD: HOW IT IMPACTS INDIVIDUALS WITH SUBSTANCE USE DISORDERS

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Objectives

• Differentiate between Post Traumatic Stress Disorder (PTSD) and Complex PTSD (CPTSD)

• Explore the research findings of the Adverse Childhood Experiences (ACE) study and review the implications for substance use vulnerability

• Examine complex trauma from a developmental and strength-based lens

• Identify regulation interventions to help individuals acquire the skills necessary to begin to mitigate the impact of complex trauma and begin the recovery process from trauma and substance use
Trauma Defined

Frequency of Stress:
- Acute
- Chronic
- Generational

Degree of Stress:
- Positive
- Tolerable
- Toxic
Trauma Defined Cont’d.

Trauma is a Type of Stress
• Chronic toxic stress
• Cases are illustrative not exhaustive

Secondary/Vicarious Trauma
Trauma Described

• Trauma is the emotional, psychological, and physiological residue left over from heightened stress experiences of threat, violence, and life-changing events.
  
  Making Space for Learning (2010)

• “Trauma is an inescapable stressful event that overwhelms people’s coping mechanisms.”
  
  Bessel Van der Kolk (1995)

• “If you knew her before this all happened, you would know that she is not ok. As a mother, you know that she is hurting.”
  
  ~ Mother of 9-year-old

• “If we pray, we don’t get shot.”
  
  ~ Destiny 7 years old

• “I'm angry all of the time. I hit and scream because of all of this stuff, and I’ll be thinking in my head, why did this stuff happen”?
  
  ~ Jamyla 8 years old
Diagnostic Criteria for PTSD

• DSM-5 reports PTSD is diagnosed after a person experiences symptoms for at least one month following a traumatic event. However, symptoms may not appear until several months or even years later. All of the criteria are required for the diagnosis of PTSD. The following text summarizes the diagnostic criteria:

A. **Stressors (one required)**

Traumatic event - death, threatened death, actual or threatened serious injury, or actual or threatened sexual violence:

• Direct experience
• Witnessing
• Learning about it (related to close other)
• Indirect exposure to aversive details
Diagnostic Criteria for PTSD Cont’d

**B: Intrusion symptoms (one required)**

The traumatic event is persistently re-experienced:

- intrusive memories
- nightmares
- flashbacks
- emotional distress to triggers
- physical distress to triggers

**C: Avoidance (one required)**

Avoidance of trauma-related stimuli after the trauma:

- trauma-related thoughts and feelings
- trauma-related reminders (people, places, things)
D: Negative alterations in cognitions and mood (two required)

Trauma-related arousal and reactivity that began or worsened after the trauma:

- Traumatic amnesia
- Negative assumptions about oneself, others, the world
- Exaggerated blame around the trauma (towards self or others)
- Negative affect
- Decreased interest in activities
- Feeling isolated
Diagnostic Criteria for PTSD Cont’d

E: Trauma-related arousal and reactivity that began or worsened after the trauma

• Anger and irritability
• Risk-taking behaviors
• Hypervigilance
• Difficulty concentrating
• Difficulty sleeping
Childhood Trauma

• Child abuse, including abuse and neglect, is one of our nation’s single most important public health challenges.

• Each year over 300,000 children are reported to the authorities for abuse/neglect in the United States.

• 60% of adults report experiencing abuse or other difficult family circumstances during childhood.

• 26% of children in the United States will witness or experience a traumatic event before they turn four.

• 1 in 5 children witnessed violence in their family or the neighborhood during the previous year.

• Most trauma begins at the home and the vast majority of people responsible for child maltreatment are children’s own parent.

(CDC, 2018)
Complex Trauma

• The traumatic stress field has adopted this term to describe the experience of multiple and/or chronic and prolonged, developmentally adverse traumatic events, most often of an interpersonal nature and early-life onset.

• It often results when a child is abused or neglected but can also be caused by other events such as domestic violence and community violence.

• Typically complex trauma interferes with the formation of a secure attachment bond between a child and a caregiver.

• These exposures often occur within the child’s caregiving system.

(Cook et al)
Complex Post-Traumatic Stress Disorder (CPTSD)

- Complex post-traumatic stress disorder (CPTSD) is a more involved form of PTSD that may occur in people who repeatedly experience trauma. In addition to feeling many of the same things as people with PTSD, those with complex PTSD (CPTSD) may experience changes in how they respond to stress or how they see themselves.

(American Addictions Center)
Symptoms of Complex PTSD

• People with complex PTSD suffer from the symptoms of PTSD, but they usually also experience additional symptoms.

• Changes in beliefs: One may lose their faith or change their entire moral code.

• Disturbing thoughts: Some people may experience disturbing thoughts about the person who wronged them. They may have an increased desire for revenge and give that person more power over them in later recounting of events.

• Changes in their self-concept: The victim may feel guilty, helpless, or different from other people.

• Emotional changes: Some people may feel extremely angry, repressed, depressed or sad, or suicidal.
Risk Factors

- Complex PTSD is usually seen in people who have survived the following (usually for long periods of time):
  - Child abuse
  - Child exploitation
  - Domestic violence
  - Concentration camps
  - Wartime imprisonment
  - Sex trafficking or brothel work
CPTSD

Some things can make CPTSD more severe, such as:

• Trauma happened during childhood.

• A parent or trusted adult was the person responsible for the trauma.

• The person responsible for the trauma is still in contact with the victim.
Trust Within a Traumatic World

• When the child's love or sadness is mirrored in the face of a parent, the child experiences comfort and trust with the caregiver.

• A securely attached child (by 6 months of age) will demonstrate confidence and have freedom to express his emotions.

• “This emotional attunement is the cradle of human connection.” Karr- Morse & Wiley

• However, when the child experiences unpredictable or dissonant emotions from an adult, or no response, or harsh or overwhelming response, the attachment to the caregiver may be characterized by distrust, fear, or disorganized combination of conflicting feelings.
THE DYNAMICS OF CHILDHOOD TRAUMA

• If the child is exposed to unmanageable stress and inconsistent caregiver, the child will not be able organize and categorize his/her experiences (creation of schemas).

• When trauma emanates from the family, children experience a crisis of loyalty and then organize their behavior to survive within their families.

• Being prevented from verbalizing the trauma, they organize their behaviors around keeping the secret and deal with their helplessness with compliance or defiance.

• When there is early neglect, it is held in implicit memory and becomes one of the core psychological features of individuals with this early survival style.
LOVE & NEURAL CONNECTIONS

• “Use it or lose it”: the nervous system (NS) is shaped by experience—either pruned or primed in response to safety and stress

• If you feel loved and safe, your brain becomes specialized in exploration and play

• If you feel frightened and unwanted these neural connections specializes in managing feelings of fear and abandonment

• Adults whose brain and nervous system (NS) were patterned by distress at the beginning of life often feel helpless in the face of their symptoms, they do not have the neural circuits to imagine a different way of being
WHAT ARE ADVERSE CHILDHOOD EXPERIENCES (ACEs)?

• Adverse childhood experiences (ACEs) are potentially traumatic events that occur in childhood (0-17 years).
Prior to your 18th birthday, were you often or very often by someone in your household:

- Physically abused
- Emotionally abused
- Sexually abused
- Physically neglected
- Emotionally neglected
- Domestic violence in the household
- Incarcerated household member
- Biological parent lost to divorce, abandonment, or other reason
- Household alcoholism or street drug use
- Household member depression/mental health/suicide attempts
ACE STUDY

• Study began in 1995 with 17,000 adults enrolled
• Middle class population who could afford private insurance
• To date it is the most significant public health study of natural history of traumatic adversities
• Its goal was to determine the relationship between adverse child experiences (ACE) and later health outcomes

(CDC)
ACES Study Cont’d

• Health risk factors and poor health outcomes increase in a strong and graded fashion

• Health risk factors (4+ ACEs):
  • 2x as likely to smoke cigarettes
  • 4x as likely to suffer depression
  • 7x as likely to be an alcoholic
  • 10x as likely to inject drugs
  • 12x as likely to attempt suicide

• Poor health outcomes (4+ ACEs):
  • 2x as likely to have ischemic heart disease
  • 2x as likely to have cancer
  • 4x as likely to have chronic bronchitis
The Impact of Trauma - Outcomes

ACE score of 4+:
- 12 times more likely to have substance abuse disorder
- Domestic abuse was 5 times more likely
- Substance misuse 5-7 times more likely for alcohol
- 8 times more likely to be victimized by rape

- Heart disease 2 times more likely
- Cancer 2 times more likely
- 6+ IV drug use was 46 times more likely
- 7+ SA is 51 times more likely for youth
- 7+ SA is 30 times more likely as an adult
Neurobiology of Complex Trauma

“Research on the effects of early maltreatment tells a different story: that early maltreatment has enduring negative effects on brain development”.

Martin Teicher
Brain Development- “Started From the Bottom”

- **Reptilian brain -Brainstem**: most primitive located at the brain stem and is responsible for all things newborn babies do. Also coordinates the endocrine system and immune systems.

- **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.

- **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.
Hierarchy of Brain Development

• The brain develops in a sequential and hierarchical fashion from less complex to most complex.
• These areas develop at different times during childhood.
• There are different times during which different areas of the central nervous system (CNS) are organized and require critical periods and are most sensitive to organizing experiences.
• Disruptions of neurochemical signals during these periods may lead to major abnormalities in neurodevelopment.
The Limbic System

WHEN TRAUMA HAPPENS YOU GO LIMBIC

• It fine tunes the regulatory functions of the hypothalamus and brain stem and determines what sensory input is relevant for additional processing

• **Amygdala** makes this initial interpretation of whether there is a threat and initiates emotional responses

• Signals from the amygdala initiate autonomic responses (fight/flight/freeze)

• **Hippocampus** plays a significant role in the capacity to recall specific life events consciously (the narrative)

• Research has shown a decreased volume of the hippocampus in trauma survivors and its maturation
Anterior Cingulate of the Cortex (ACC)

- The body’s radar system
- Quick system that is activated by the sympathetic nervous system (SNS) which then alerts the whole body
- The ACC filters what is and isn’t important in the environment
- Early trauma damages the ACC and as a result, the “radar system” focuses on danger and stressors, even when it is no longer there
- Once the ACC is activated it moves the brain from the logical brain to the “lizard” brain
- Repeated activation enhances the ACC and it becomes faster to react and harder to get back to baseline
- It can also affect memory as memory gets stored with distorted perceptions
Identifying Trauma

Hypothalamus releases stress hormones (adrenaline)

Prefrontal cortex

cingulate

Hippocampus (categorizes)

Thalamus

Sensory information

Amygdala
The Biology and Physiology of Survival

• When children feel threatened and activate the alarm system, the fast tracts of the limbic system are activated before the slower prefrontal cortex.

• In the initial stages of a threat an alarm reaction is initiated, characterized by a large increase in activity in the SNS.

• Children who experienced developmental trauma can relive the emotional and physiological changes that were present in the alarm reaction—causing SNS activation.

• A classic set of predictable symptoms and physical changes is evident in the post-traumatic period because of memory.
Brain Development

• Developmental Plasticity
• Order of development
• Timing of development
Developmental Domains

- Cognitive
- Physical/Biological
- Psychosocial
- Emotional
- Brain
- Physical/Biological
Developmental Plasticity

The Brain’s Ability to Change in Response to Experiences

Amount of Effort Such Change Requires

AGE

Birth 2 4 6 8 10 20 30 40 50 60 70
Timing of Development

Graph showing the timing of development with respect to age, comparing limbic regions and prefrontal cortex.
Behavioral Manifestations of Childhood Trauma

- Hypervigilance
- Hyperarousal
- Diminished Executive Functioning
- Increased risk of anxiety, depression, PTSD
INTERVENTIONS
Evidence-Based Treatments for PTSD
American Psychological Association (APA) Clinical Practice Guidelines (PTSD):

Strongly Recommended:

• Cognitive Behavior Therapy (CBT)
• Cognitive Processing Therapy (CPT)
• Cognitive Therapy
• Prolonged Exposure (PE)

Conditionally Recommended:

• Eye Movement Desensitization and Reprocessing (EMDR) Therapy
• Narrative Exposure Therapy (NET)
• Medications – sertraline (Zoloft) & paroxetine (Paxil)
Treatment Components for Complex Trauma

- Relationship building and support
- Safety interventions
- Psychoeducation
- Distress reduction and affect regulation training
- Cognitive processing
- Trigger identification and intervention
- Titrated exposure
Treatment for C-PTSD and SUD

- Supportive services
- Therapy
- Medical detox
- Medication Assisted Treatment
- Overdose Prevention
RESOURCES

- [http://www.samhsa.gov/trauma-violence/types](http://www.samhsa.gov/trauma-violence/types)
- [http://www.nctsn.org/trauma-types/complex-trauma](http://www.nctsn.org/trauma-types/complex-trauma)
- [http://dmh.mo.gov/healthykids/providers/trauma.html](http://dmh.mo.gov/healthykids/providers/trauma.html)
- [http://nationaltraumainstitute.org/home/trauma_statistics.html](http://nationaltraumainstitute.org/home/trauma_statistics.html)


REFERENCES


REFERENCES CONT’D

• Kilpatrick DG, Saunders BE. (1997). "Prevalence and Consequences of Child Victimization: Results from the National Survey of Adolescents." National Crime Victims Research and Treatment Center, Medical University of South Carolina.

• Finkelhor, David; Turner, Heather; Ormrod, Richard; Hamby, Sherry; Kracke, Kristen (October 2009). (http://sshs.promoteprevent.org/sites/default/files/trauma_brief_in_final.pdf)


• National Center for Mental Health Promotion and Youth Violence Prevention, "Childhood Trauma and Its Effect on Healthy Development," July 2012


• Vedat Sar (2011) Developmental trauma, complex PTSD, and the current proposal of DSM-5, European Journal of Psychotraumatology, 2:1, DOI: 10.3402/ejpt.v2i0.5622