COMPLEX TRAUMA AND SUBSTANCE USE DISORDERS

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OBJECTIVES

• Recognize the ways in which complex trauma and substance use disorders influence each other.
• Identify program policies and procedures for maintaining safety when treating this population.
• Explore clinical approaches to meet co-occurring needs and provide substance use treatment in a trauma-informed manner.

COMPLEX TRAUMA AND SUBSTANCE USE DISORDERS

• Share a lot of common ground
• Interact with each other
• Must understand trauma history to be effective in treating substance use
WHAT IS COMPLEX TRAUMA?

- Exposure to traumatic events and long-term impact of the exposure
- Child maltreatment within the caregiving system
- Chronic, beginning in early childhood
- Emotional dysregulation, loss of a safe base, loss of direction, and inability to detect or respond to danger cues

COMPLEX TRAUMA

- Complex trauma more common than single event traumas
- Child abuse and neglect is rising
  - Daily cost of childhood abuse and neglect: $284.3 million

Complex Trauma in Children and Adolescents: Impact of Complex Trauma
IMPLICATIONS ON DEVELOPMENT

- Greatest threat to a human infant or young child is the absence of an adequate caregiver
- Body's resources are directed toward survival rather than growth and development
- Co-regulation as building block for self-regulation
- Disruption of healthy attachment

DIAGNOSTIC ISSUES

- Proposal to add "Developmental Trauma Disorder" to DSM-5
- Emphasis on behavioral control, without recognizing the influence of interpersonal traumas and lack of safety
- Lack of attention to addressing and improving the developmental disruptions that underlie the symptoms
DEVELOPMENTAL TRAUMA DISORDER (DTD)

- Focus on children who have grown up with recurrent exposure to interpersonal traumas and inadequate caregiving systems.
- Childhood trauma usually includes ongoing, co-occurring adverse experiences and stressors.
- Distinguishes impact of chronic interpersonal childhood trauma from adult exposure to assaults, disasters, or accidents.

Proposal for Developmental Trauma Disorder

DEVELOPMENTAL TRAUMA DISORDER CRITERIA

Exposure: The child or adolescent has experienced or witnessed multiple or prolonged adverse events over a period of at least one year beginning in childhood or early adolescence, including:

- Direct experience or witnessing of repeated and severe episodes of interpersonal violence; and
- Significant disruptions of protective caregiving as the result of repeated changes in primary caregiver; repeated separation from the primary caregiver; or exposure to severe and persistent emotional abuse.

Proposal for Developmental Trauma Disorder
DOMAINS OF IMPAIRMENT

- Attachment
- Biology
- Affect Regulation
- Dissociation
- Behavioral Regulation
- Cognition
- Self-Concept

DOMAINS OF IMPAIRMENT: ATTACHMENT

- Inability to trust others
- Social Isolation
- Problems with boundaries
- Difficulty with perspective taking
- Victimization of others
- Challenges attuning to other people's emotional states
- Revictimization

*Complex Trauma in Children and Adolescents*
DOMAINS OF IMPAIRMENT: BIOLOGY

- Coordination and balance
- Wide span of medical problems
- Persistent, undiagnosable medical complaints
- Hyper-sensitivity to physical contact
- Sensorimotor developmental problems

DOMAINS OF IMPAIRMENT: AFFECT REGULATION

- Difficulty with emotional self-regulation
- Challenges labeling and expressing feelings
- Overreactions to minor stress
- Inability to self-sooth
- Easily overwhelmed
- Excessive risk taking
- Communicating wishes and needs
DOMAINS OF IMPAIRMENT: DISSOCIATION

- Depersonalization
- Gaps in memory
- Appear to space out
- Derealization
- Distinct alterations in states of consciousness

DOMAINS OF IMPAIRMENT: BEHAVIORAL CONTROL

- Poor impulse control
- Self-destructive behavior
- Aggression
- Sleep disturbances
- Eating disorders
- Substance use
- Excessive compliance
- Oppositional behavior
- Re-enactment of trauma in behavior
DOMAINS OF IMPAIRMENT: COGNITION

- Learning difficulties
- Problems with attention, focus, and completing tasks
- Problems processing new information
- Difficulty planning and anticipating
- Problems with language development
- Lack of sustained curiosity
- External locus of control
- Problems with orienting to space and time

DOMAINS OF IMPAIRMENT: SELF-CONCEPT

- Lack of predictable, stable sense of self
- Low self-esteem
- Shame, guilt, and responsibility
- Despair, hopelessness
- Body image issues
- Defensive
- Feel damaged, broken
- Lack of meaning and purpose
- Dark worldview
• Adverse childhood experiences (ACEs)
• Survey of over 17,000 adults from 1995-1997, completed through Center for Disease Control (CDC) and Kaiser Permanente
• Inquired about childhood experiences and current health and behavior

“Adverse childhood experiences are the single greatest unaddressed public health threat facing our nation today.” - Dr. Robert Block, former President of the American Academy of Pediatrics

ACEs Study

ADVERSE CHILDHOOD EXPERIENCES

ABUSE
- Emotional abuse
- Physical abuse
- Sexual abuse

NEGLECT
- Emotional neglect
- Physical neglect

HOUSEHOLD CHALLENGES
- Mother treated violently
- Household substance abuse
- Mental illness in household
- Parental separation or divorce
- Criminal household member

ACEs Study
ACES
STUDY

# of ACES

Almost two-thirds of adults surveyed reported at least one Adverse Childhood Experience – and the majority of respondents who reported at least one ACE reported more than one.

ACES cluster: having 1 ACE increases the likelihood of having others

ACES accumulate: higher ACE scores are linked to more severe and multiple physical and behavioral health issues

ACES are often passed down across generations

On average, having 6+ ACES shortens life expectancy by 20 years

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ACES STUDY

Physical Health
4 ACES = 2x risk of heart disease and cancer

Mental Health
4+ ACES = 13x rate of suicide attempts

Substance Use
4+ ACES = 7x rate of alcohol use disorder, 10x rate of intravenous drug use
6+ ACES (men) = 46x rate of intravenous drug use

COMPLEX TRAUMA AND SUBSTANCE USE

Teens with history of physical or sexual abuse = 3x rate of current or past substance use

70% of adolescents in substance use treatment had history of trauma exposure

59% of adolescents with PTSD develop substance use problems.

Substance use as a coping strategy for complex trauma

Making the Connection: Trauma and Substance Abuse
SUBSTANCE USE AS A RISK FACTOR FOR TRAUMATIZATION

<table>
<thead>
<tr>
<th>Increase</th>
<th>Substance use can increase engagement in risky behaviors</th>
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</thead>
<tbody>
<tr>
<td>Alter</td>
<td>Substance use can alter ability to discern safety from danger</td>
</tr>
<tr>
<td>Inhibit</td>
<td>Severe substance use disorder can inhibit ability to cope with traumatic events</td>
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</tbody>
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JOHANN HARI: EVERYTHING WE THINK WE KNOW ABOUT SUBSTANCE USE IS WRONG
Question: What domain(s) of impairment from complex trauma are associated with the diagnostic criteria for substance use disorders?

Answer: Please type in your responses for each criterion.

DSM-5 Definition for Substance Use Disorder:
Problematic pattern of substance use leading to clinically significant impairment or distress, as manifested by at least 2 of the following, occurring within a 12-month period
1. Substance is often taken in larger amounts or over a longer period than was intended.

2. There is a persistent desire or unsuccessful efforts to cut down or control substance use.

3. A great deal of time is spent in activities necessary to obtain substance, use substance, or recover from its effects.

4. Craving, or a strong desire or urge to use substance.

5. Recurrent substance use resulting in a failure to fulfill major role obligations at work, school, or home.

6. Continued substance use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of substance use.
### Substance Use Disorders Criteria

**7.** Important social, occupational, or recreational activities are given up or reduced because of substance use.

**8.** Recurrent substance use in situations in which it is physically hazardous.

**9.** Substance use is continued despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by substance.

**10.** Tolerance, as defined by either of the following:
   a. A need for markedly increased amounts of substance to achieve intoxication or desired effect.
   b. A markedly diminished effect with continued use of the same amount of substance.

**11.** Withdrawal, as manifested by either of the following:
   a. The characteristic withdrawal syndrome for substance.
   b. Substance is taken to relieve or avoid withdrawal symptoms.
CHALLENGES IN TREATING COMPLEX TRAUMA AND SUBSTANCE USE DISORDER

Abstinence may not resolve comorbid trauma-related symptoms or disorders; for some, trauma symptoms may worsen.

12-Step Models may not acknowledge the value of pharmacologic interventions, the impact of trauma, and carry shame-based messages.

Confrontational approaches can exacerbate mood and anxiety disorders and disempower individuals.

Treatments for PTSD only, such as Exposure-Based Approaches, may not be effective in addressing substance use.

INTEGRATED TREATMENT APPROACHES
Enhancing Substance Abuse Recovery Through Integrated Trauma Treatment

SAMHSA'S 4RS OF TRAUMA-INFORMED CARE

A program, organization, or system that:

- Realizes the widespread impact of trauma and understands potential paths for recovery
- Recognizes the signs and symptoms of trauma in clients, families, staff, and others involved with the system
- Responds by fully integrating knowledge about trauma into policies, procedures, and practices
- Seeks to actively resist re-traumatization

Trauma-Informed Care in Behavioral Health Services
MULTIDIMENSIONAL SAFETY

Internal Safety
Relational Safety
Physiological Safety
Environmental Safety
Therapeutic Safety
Agency/System Level Safety

Core Components in Complex Trauma Intervention; Trauma Informed Systems

SAFETY AND SUBSTANCE USE

Offering and providing balanced, transparent information about:

- Treatment services, requirements, eligibility, policies, expectations, privacy
- Safer consumption strategies and resources
- Withdrawal, tolerance, and overdose risk factors
- Medication assisted treatment
TRAUMA-INFORMED INTEGRATED TREATMENT

- Recognize trauma as a defining and organizing experience
- Proactively create collaborative relationship that prioritizes individuals’ safety, choice, and control
- Understand the multiple, layered interactions between substance use and complex violence

Enhancing Substance Abuse Recovery Through Integrated Trauma Treatment

TRAUMA-INFORMED INTEGRATED TREATMENT

- Simultaneously address substance use and complex trauma
- Empower individuals to engage in collaborative decision making during all phases of treatment
- Implement ancillary services for comprehensive, whole-person interventions.

Enhancing Substance Abuse Recovery Through Integrated Trauma Treatment
Back in the Real World...

What is the MOST important thing you learned today?

What is ONE change you are going to make when you return to work?

How will you CONTINUE your growth and learning?

QUESTIONS?
COMMENTS?
THANK YOU!
REFERENCES AND RESOURCES


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• National Child Traumatic Stress Network (NCTSN): http://www.nctsnet.org/


REFERENCES AND RESOURCES


• van der Kolk, et al. (2009). Proposal to include a Developmental Trauma Disorder Diagnosis for Children and Adolescents in DSM-V. http://www.traumacenter.org/announcements/dtd_papers_oct_09.pdf