

TRAUMA RESOLUTION IS RELAPSE PREVENTION

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**Florida Alcohol and
Drug Abuse Association**

The Florida Behavioral Health Association



**FLORIDA DEPARTMENT
OF CHILDREN AND FAMILIES**

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OBJECTIVES

- Explore the intersection of traumatic events and substance use disorders.
- Identify trauma-informed principles for meeting co-occurring needs.
- Cultivate innovative and integrated approaches to recovery from traumatic events and substance use disorders.

TRAUMA AND SUBSTANCE USE DISORDERS



- Share a lot of common ground
- Interact with each other
- Must understand the influence of trauma to be effective in treating substance use disorders



SURVEY

What percentage of the people in your program have experienced trauma?

- A. Less than 25%
- B. 25-50%
- C. 50-75%
- D. More than 75%
- E. I'm not sure

* Please enter your response in the poll *

COMPLEX TRAUMA AND SUBSTANCE USE

- Teens with history of physical or sexual abuse = 3x rate of current or past substance use
- 59% of adolescents with PTSD develop substance use problems.
- 70% of adolescents in substance use treatment had history of trauma exposure
- Substance use as a coping strategy for complex trauma

SUBSTANCE USE AND TRAUMA

Increase

Substance use can increase engagement in risky behaviors

Alter

Substance use can alter ability to discern safety from danger

Inhibit

Severe substance use can inhibit ability to cope with traumatic events

COPING BY TAKING RISKS

- Risky behaviors are initially adaptive
- Trauma impacts people's ability to think through long term consequences of behaviors or to make future plans/goals
- Dissociation can numb people's experiences, requiring increasing levels of risk
- Examples: substance use, self-injurious behaviors, gambling, shoplifting, aggression, and violence (gang activity)



**SAFETY
FIRST?**

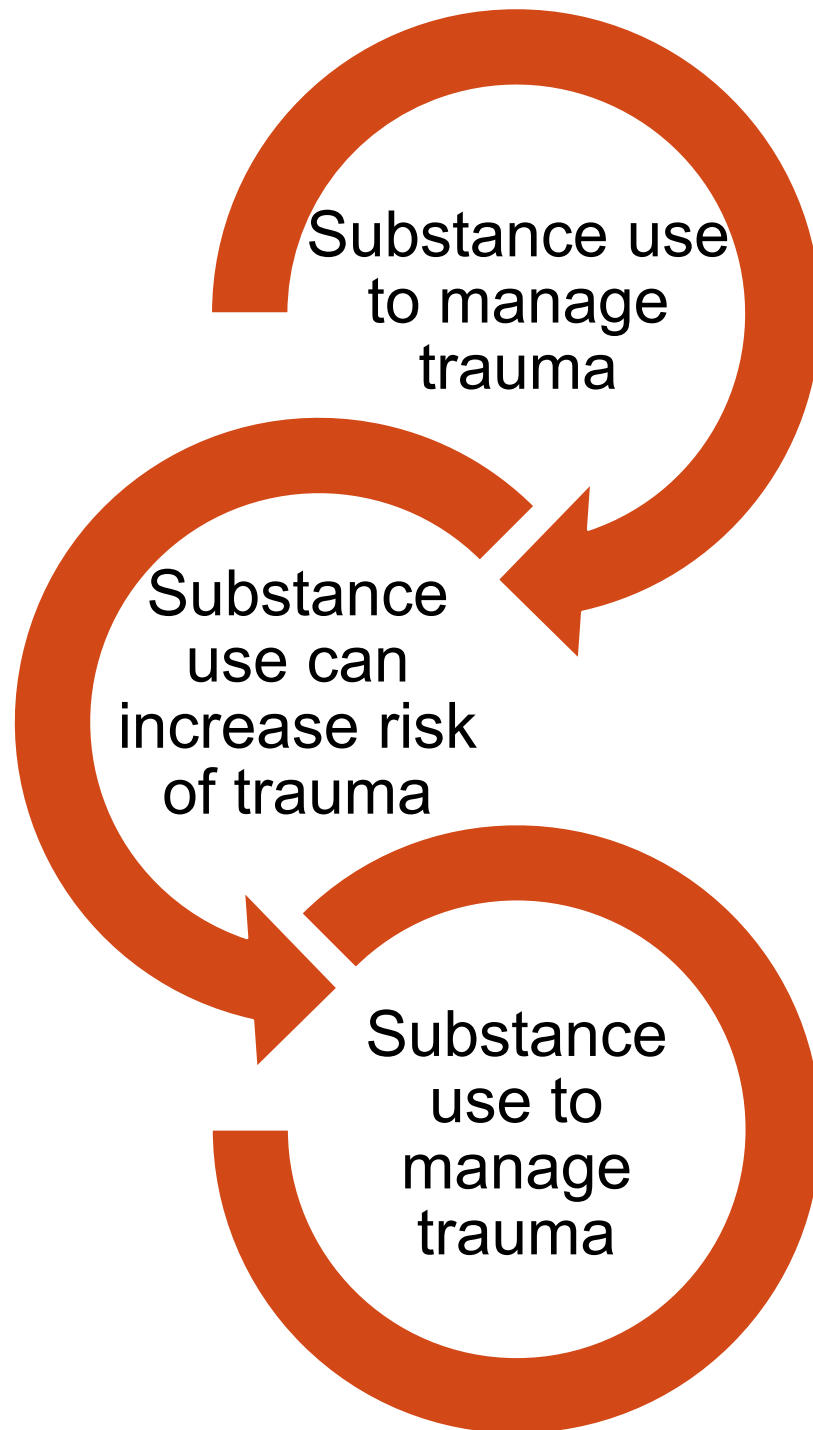
DISCERNING DANGER & SAFETY

- Alarm fatigue
- Distorted sense of safety
 - Feel safe when in danger
 - Feel in danger when safe
- Increased likelihood of re-traumatization



COPING INHIBITED

- Shame and stigma about trauma/risky behaviors makes people hesitant to talk about them
- Trauma often occurs within context of relationships
- De-personalization and de-realization contribute to isolation
- Less likely to engage with service providers
- Less likely to have social supports
- More likely to use substances alone



SUBSTANCE USE AND TRAUMA

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



Confrontational approaches can exacerbate mood and anxiety disorders and disempower individuals



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



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



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

POSTTRAUMATIC STRESS DISORDER IN DSM-5

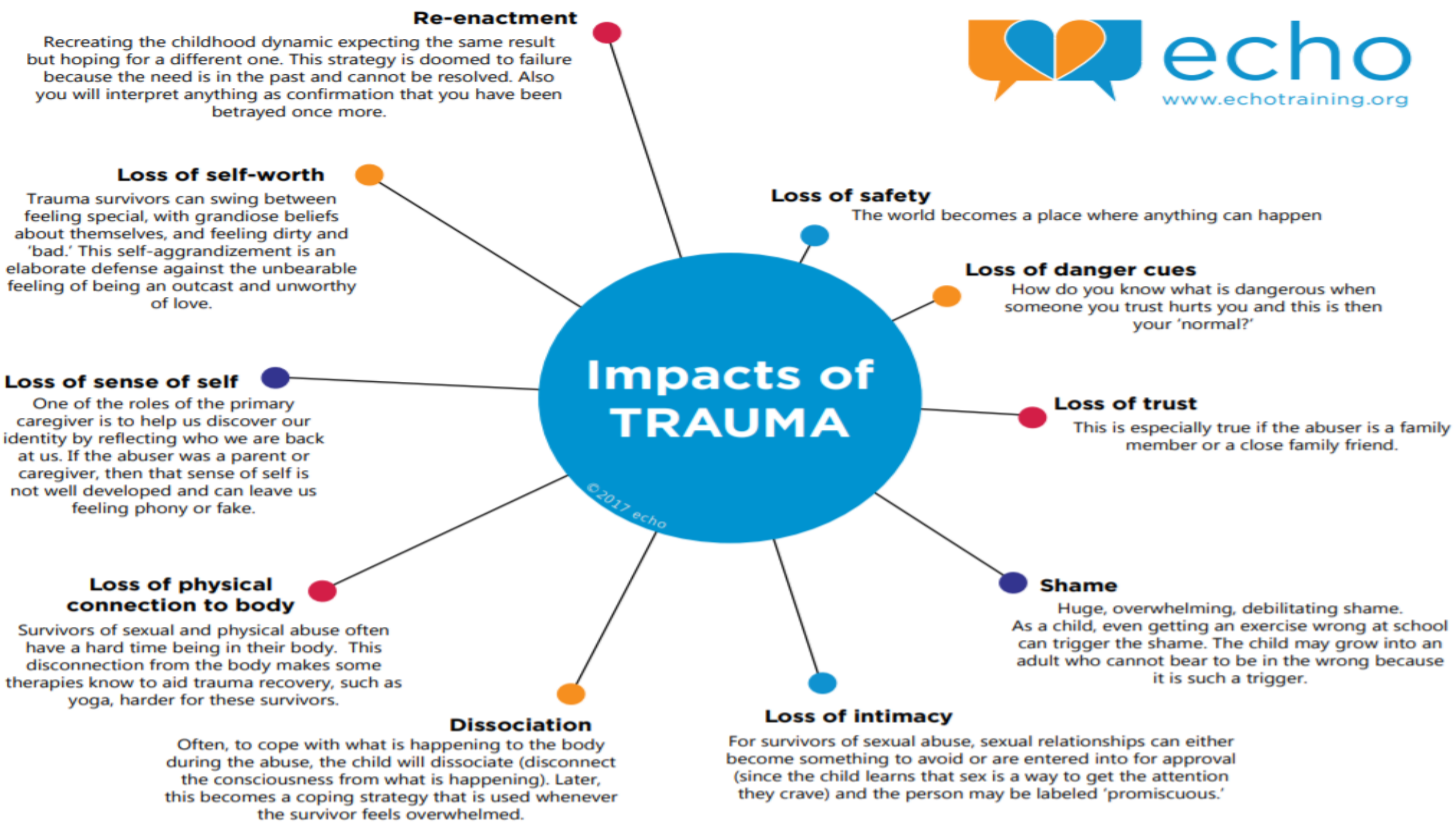
- Traumatic event, followed by:
 - Re-experiencing
 - Flashbacks, nightmares, involuntary memories
 - Avoidance
 - Avoid thoughts, feelings, people, places, things associated with event; dissociation
 - Negative change in mood and thoughts
 - Exaggerated negatives beliefs about self/others, feelings of guilt/shame, feelings of detachment
 - Change in arousal and reactivity
 - Hypervigilance, aggressive outbursts, exaggerated startle response
- Lasts more than 1 month
- Disrupts functioning

DIAGNOSTIC AND STATISTICAL
MANUAL OF
MENTAL DISORDERS

FIFTH EDITION

DSM-5

AMERICAN PSYCHIATRIC ASSOCIATION





TRAUMA-INFORMED CARE: KEY PRINCIPLES

- Safety
- Trustworthiness and Transparency
- Peer Support
- Collaboration and Mutuality
- Empowerment, Voice and Choice
- Cultural, Historical, and Gender Issues

WHO SHOULD PRACTICE TRAUMA-INFORMED CARE?



EVERYONE!

WHO SHOULD PRACTICE TRAUMA- INFORMED CARE?

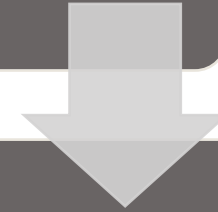


EVERYONE!



ONLY TRAINED CLINICIANS CAN
PROVIDE TRAUMA THERAPY

Trauma-informed care



Trauma-specific treatment

TRAUMA-INFORMED INTEGRATED CARE



INTEGRATED CARE

- Safety
- Control
- Connection

MULTI-DIMENSIONAL SAFETY

Internal Safety

Relational Safety

Physiological
Safety

Environmental
Safety

Therapeutic Safety

Agency/System
Level Safety



SAFETY AND SUBSTANCE USE

Offer and provide 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

AVOIDING RE-TRAUMATIZATION

“We should make great efforts to do nothing that could be retraumatizing, such as exercising authority and/or control, asking intrusive questions, being unpredictable, or using shaming language/techniques.”

- Sheila Vakharia & Jeannie Little

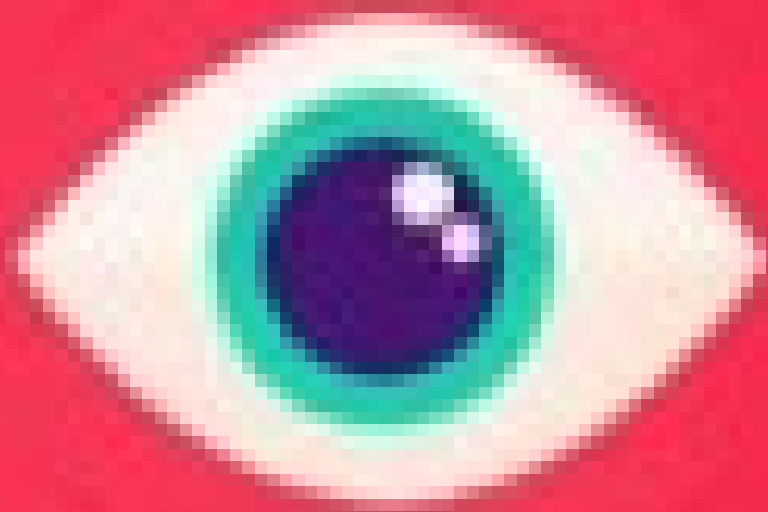
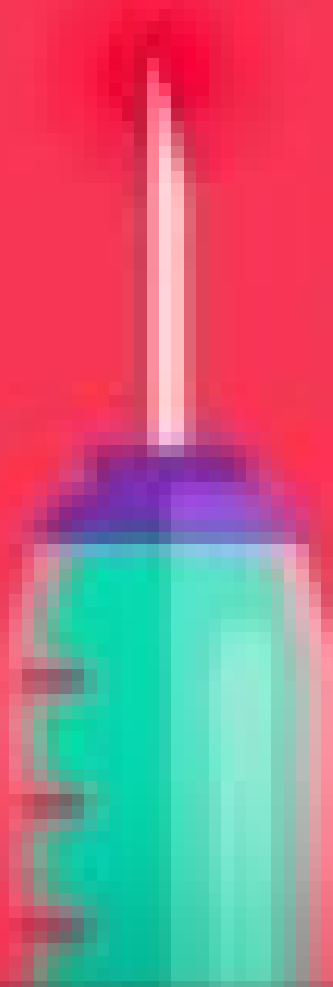
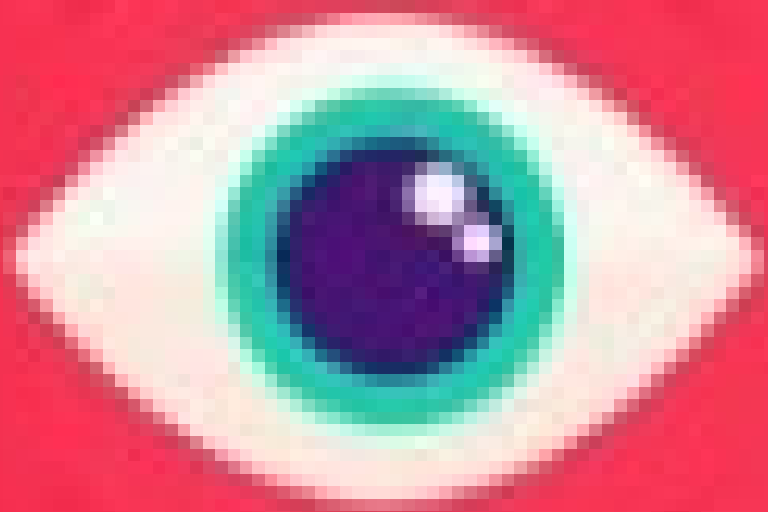
https://www.researchgate.net/publication/301343562_Starting_Where_the_Client_Is_Harm_Reduction_Guidelines_for_Clinical_Social_Work_Practice



CONTROL

- Emphasize autonomy; people have a right to control their own bodies and make decisions about their lives
- Reframe risky behaviors as an attempt to take control by doing something to self-regulate
- Protect participant rights
- Ask permission
- Offer choices whenever possible


ADDICTION



CONNECTION

- Primary objective is keeping people engaged
- Healing takes place in the context of healthy connection
- People are generally safer in communities





“Being able to feel safe with other people is probably the single most important aspect of mental health; safe connections are fundamental to meaningful and satisfying lives.” – van der Kolk, 2014

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

TRAUMA-INFORMED INTEGRATED TREATMENT



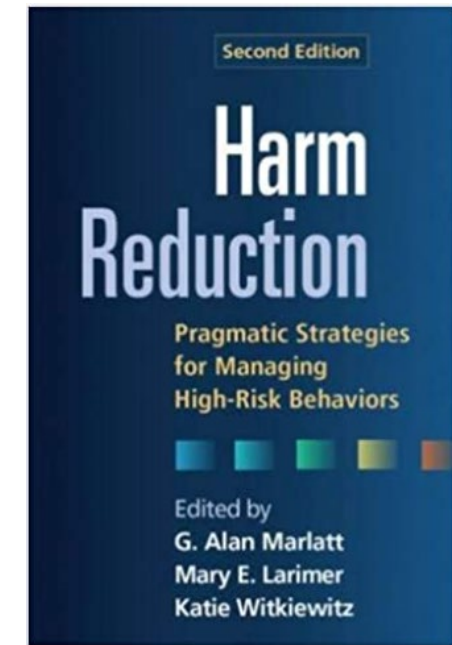
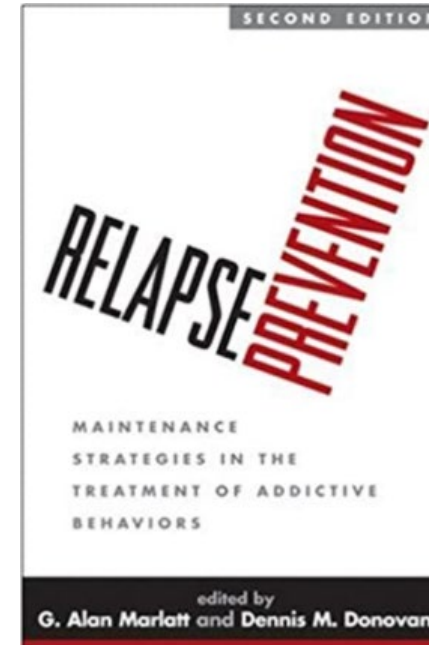
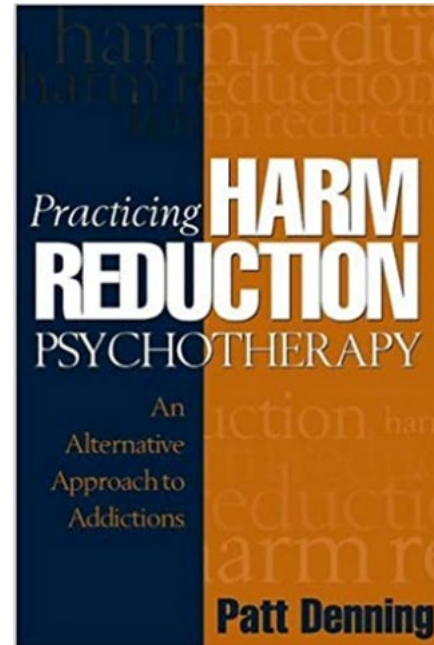
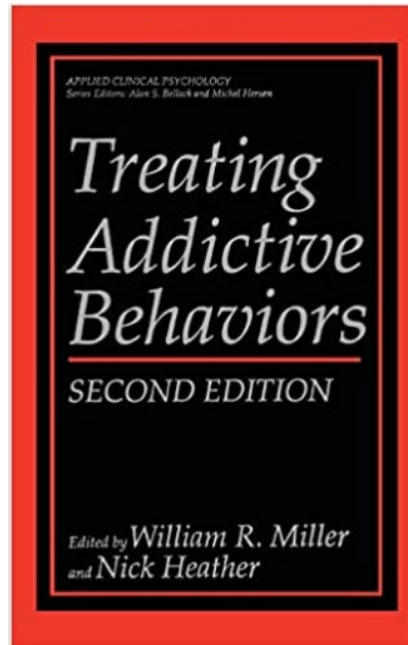
Simultaneously address substance use and complex trauma



Empower individuals to engage in collaborative decision making during all phases of treatment



Implement ancillary services for comprehensive, whole-person interventions.

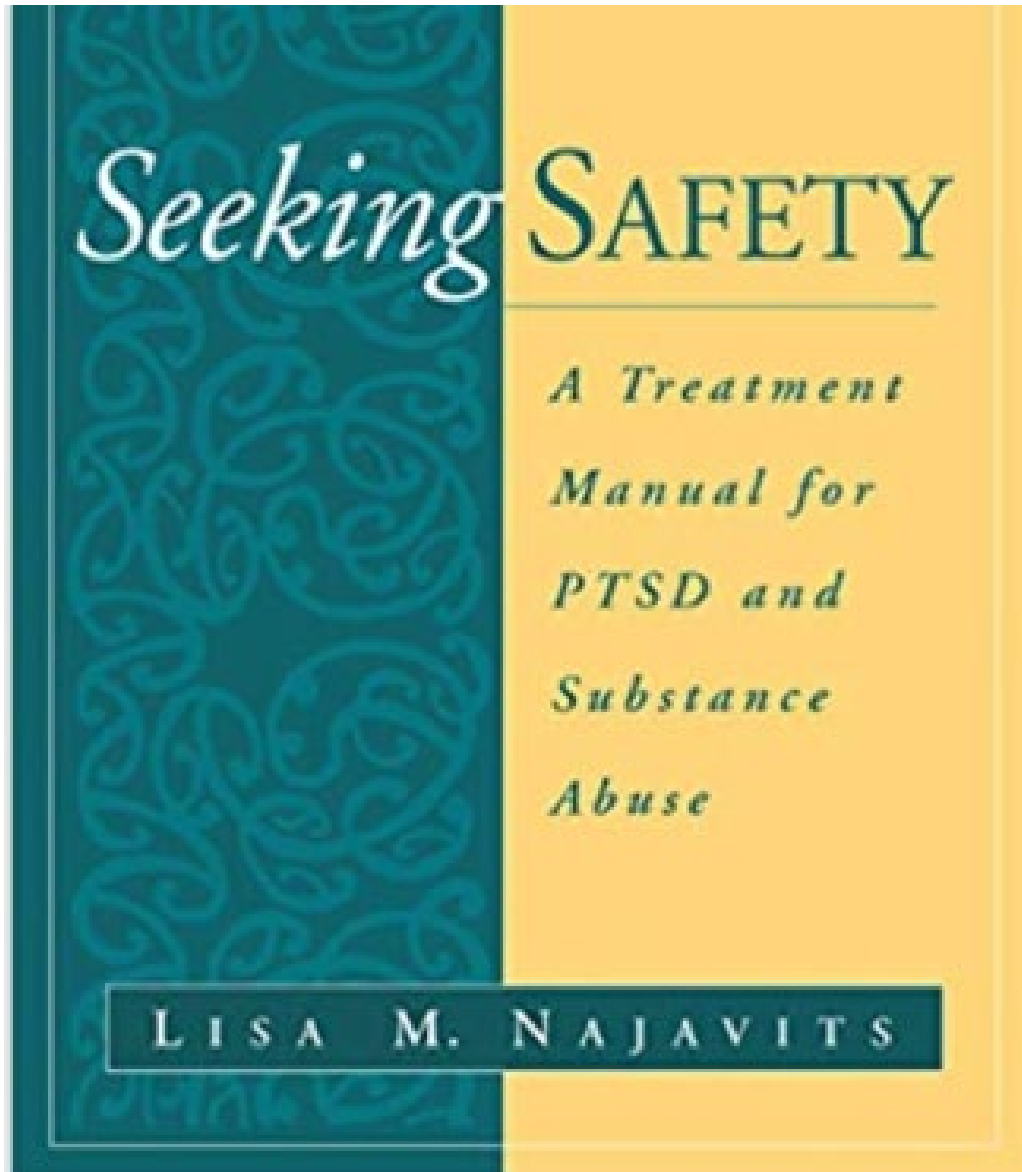


LACK OF INTEGRATION

- Index search shows extremely limited mentions of trauma
- No meaningful discussion of integrated approaches



MOVING TOWARD INTEGRATED CARE



(Najavits, 2002)

SEEKING SAFETY

- Integrated PTSD and Substance Use Disorder treatment for groups or individuals
- Cognitive-behavioral therapy (CBT) adaptations
- 25 topics, evenly divided among cognitive, behavioral, and interpersonal domains

SEEKING SAFETY: COPING WITH TRIGGERS

(Najavits, 2002)

Substance Use Triggers	Trauma Triggers
Seeing a drug dealer	Hearing a child cry
Ads for alcohol	Anniversary dates of trauma
Drug paraphernalia	A sudden sound
Parties and social situations	Pain in your body
Money	Sad music
A beeper/cell phone	Someone who resembles your abuser
Celebrations	Being criticized or yelled at
A thought (“Just one drink is ok”)	A thought (“I’m bad”)
A feeling (excitement or anger)	A feeling (closeness or sadness)
A time of day or season (night)	A time of day or season (summer)
PTSD symptoms	Substance abuse symptoms

SEEKING SAFETY: COPING WITH TRIGGERS

Fight The Good Fight – Cope with Triggers

- A trigger is anything that sets off PTSD symptoms or substance use
- What are the most common triggers?
- Stay far away from triggers
- Never “test yourself” with triggers
- Triggers are part of life – but you can “fight the good fight”
- Strive for balance
- Cope with triggers before, during, or after they occur
- Triggers can be very sudden

SEEKING SAFETY: COPING WITH TRIGGERS

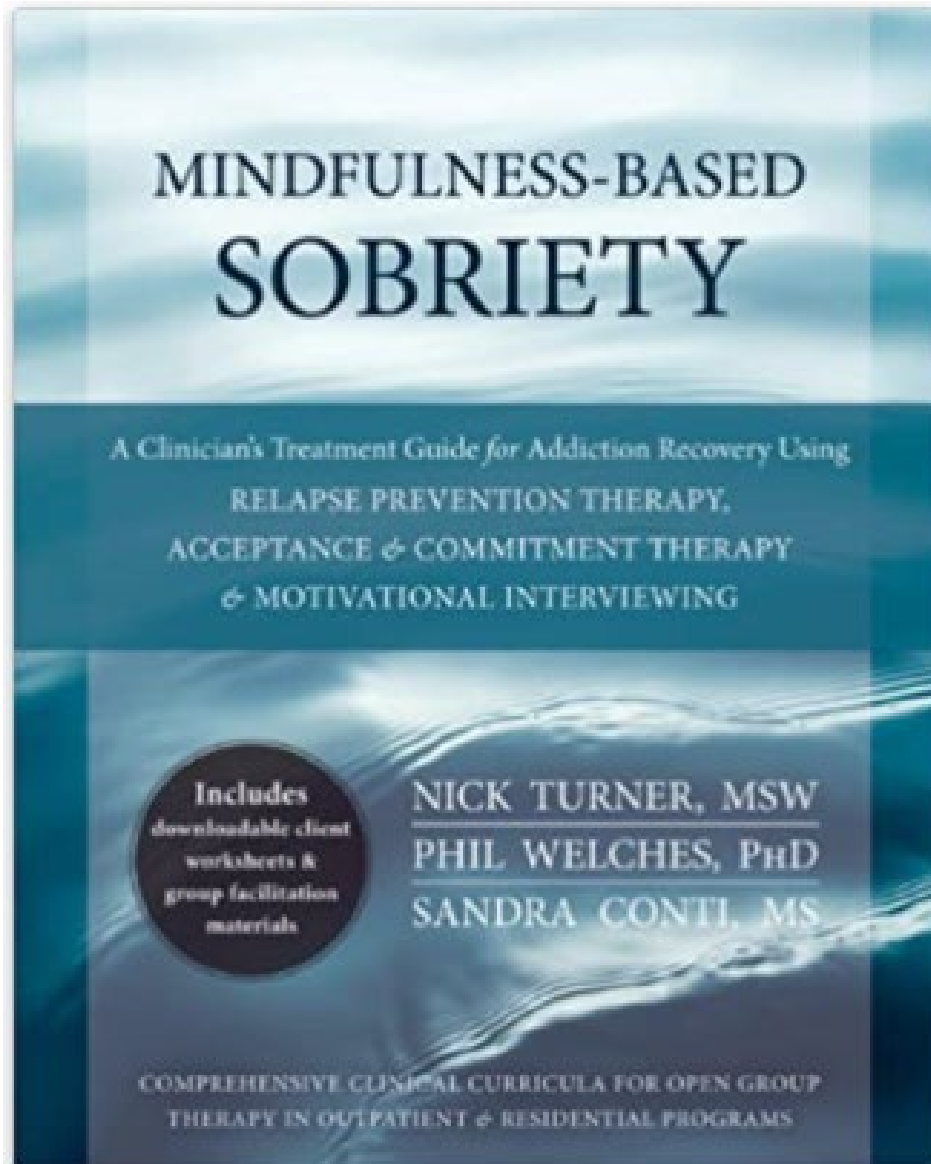
Changing Who, What, and Where to Cope with Triggers

You can get to safety by changing who, what, and where

- Who are you with?
- What are you doing?
- Where are you?

In short, put as much space between you and the trigger as possible.

Create a safety zone by changing ***who, what, and where.***



(Turner, Welches & Conti, 2013)

MINDFULNESS-BASED SOBRIETY (MBS)

- Group curricula for intensive outpatient and residential levels of care
- Integration of:
 - Relapse Prevention Therapy
 - Acceptance and Commitment Therapy
 - Motivational Interviewing



MBS ACTIVITY: URGE SURFING

- Consider this exercise through the lens of trauma-informed care

(Turner, Welches & Conti, 2013)



MBS ACTIVITY: URGE SURFING

- Consider this exercise through the lens of trauma-informed care
 - What components work well?
-
- Enter your responses into the chat *

(Turner, Welches & Conti, 2013)



MBS ACTIVITY: URGE SURFING

- Consider this exercise through the lens of trauma-informed care
 - What components work well?
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(Turner, Welches & Conti, 2013)



MBS ACTIVITY: URGE SURFING

- Consider this exercise through the lens of trauma-informed care
- What components work well?
- What concerns arise?
- What changes might you implement?
 - Enter your responses into the chat *

INTEGRATING OUR APPROACH

- Thorough understanding of trauma-informed care
- Application of critical thinking skills
- Creative adaptations; one size does not fit all
- Commitment to growth and learning



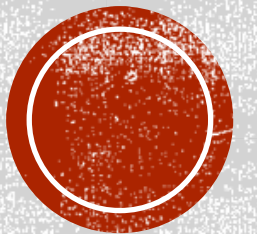
A photograph of a forest path. A red blanket is laid out on the ground, leading into the woods. The path is surrounded by tall trees and green foliage. The blanket is a vibrant red color, contrasting with the natural tones of the forest. The path leads into the distance, where the trees are more densely packed.

INTENTION SETTING

- What are you already doing well that you want to CONTINUE?
- What is the MOST important thing you learned today?
- What is ONE specific change you will make moving forward?



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