Trauma: why must addictions therapists treat it?
Participant Objectives

• Understand how addiction and trauma impact one another

• Define PTSD and trauma symptoms

• Determine whether their treatment program is trauma informed or trauma responsive.
• “So there’s a film where a man’s wife is brutally murdered by a serial killer and his son is left physically disabled. In a twist of events, the son is kidnapped and kept in a tank while his father chases the kidnapper thousands of miles with the help of a mentally challenged woman.

Finding Nemo is quite the thriller…”
Many of the problems that clients bring to us emanate from overwhelming and life-long exposure to...

- Abuse
- Violence
- Disabling losses
- Disrupted attachments
- Maladaptive behavior or symptoms that developed in response to these issues
- Addictions
- Mental health problems
- Further recycling of violence as a maladaptive solution
National Center for Trauma Informed Care

- Up to 90% of those seeking community mental health services have been victimized.

- 85% of those in the Juvenile Justice system have been victims of early physical or sexual abuse.

- 97% of homeless women with MH needs have been abused while homeless.

- 87% of homeless women have been victims of early childhood trauma.

- More than 80% of women seeking Substance Abuse Treatment reported experiencing physical and/or sexual abuse in their lives. (Stephanie Covington Study (1997))
93.2% of males and 84% of females in a sample of juvenile detainees reported a traumatic experience.

More females met criteria for PTSD (18%, compared to 11% for males).

Males were more likely to report witnessing a violent event; females were more likely to report being the victim of violence.

Females are more likely than males to develop a mental health disorder as a consequence of exposure to violence.

In a study of females in the South Carolina Department of Juvenile Justice...

- 69% of girls reported experiencing caregiver violence
- 31% of girls reported having been attacked by a gang or group of people
- 42% reported experiencing dating violence
- 81% experienced sexual violence
- 90% of girls had witnessed violence

Women scored higher than men on the overall Childhood Trauma Questionnaire as well as the subscales measuring physical neglect, emotional abuse, and sexual abuse.

Severity of childhood maltreatment was significantly and independently associated with:
- lower age of onset of gambling and
- increased severity of gambling problems.

A twin cohort study found traumatic events increased risk of gambling problem.

- child neglect -- 453%
- physical attack -- 239%
- witnessing someone badly hurt or killed -- 183%
- child abuse -- 131%

PTSD and Pathological Gambling

• PTSD among problem gamblers is estimated at 12.5–29% VERSUS
• 7% lifetime rate in the general population (Kessler et al., 2005)
• Among treatment-seeking pathological gamblers, 34% had a high level of PTSD symptoms by self-report

• Study included 111 patients admitted to a gambling treatment program
  • 64% -- history of emotional trauma;
  • 40.5% -- physical trauma; and
  • 24.3% -- sexual trauma.
  • Most of this trauma occurred in childhood.

• A history of trauma was associated with a
  • greater frequency of suicide attempts
  • drug and alcohol dependence
  • more severe scores in measures of psychiatric distress,
  • limited effects on personality functioning

Trauma

• DSM-IV-TR (APA, 2000) defines trauma as:
  an extreme traumatic stressor involving direct personal experience of an event that:
  • involves actual or threatened death or serious injury,
  • threat to one’s physical integrity;
  • witnessing an event that involves death, injury, or a threat to the physical integrity of another person;
  • learning about unexpected or violent death, serious harm, or threat of death or injury experienced by a family member or other close associate.

• Trauma occurs when an external threat overwhelms a person’s internal and external positive coping resources
What is PTSD?

“A disruption or stalling out of a normal recovery process”

What interferes with natural recovery from trauma?

Avoidance Behaviors

reinforce

Distorted beliefs about the trauma (Stuck Points)

and become

Generalized to current life situations

Our goal in therapy is to help determine what has interfered with normal recovery—Work through the Stuck Points.

What is Complex Trauma or Complex PTSD?

- Describes both:
  - Exposure to multiple traumatic events,
    - often invasive (hostile, aggressive),
    - interpersonal in nature,
  - Wide-ranging, long-term impact of this exposure.

- These events are severe and pervasive, such as abuse or profound neglect.
- They usually begin early in life and can disrupt many aspects of the child’s development and the very formation of self.
Complex Trauma

- Since complex trauma often occurs in the context of the child’s relationship with a caregiver, they interfere with the child’s ability to form a secure attachment bond.

- Many aspects of a child’s healthy physical and mental development rely on this primary source of safety and stability.

- Many children with complex trauma histories suffer a variety of traumatic events:
Effects of Complex Trauma

Devastating Individual Effects:
- physiology,
- emotions,
- ability to think, learn, and concentrate,
- impulse control,
- self-image, and
- relationships with others.

High costs for society:
The estimated average lifetime cost per victim of child maltreatment was $210,012
- Health Care throughout the lifespan, including mental health care
- productivity losses,
- child welfare,
- criminal justice, and
- special education.
Additional Symptoms in Complex PTSD

- Emotional Regulation
  - persistent sadness,
  - suicidal thoughts,
  - explosive or inhibited anger
- Alterations in consciousness
  - forgetting traumatic events,
  - reliving traumatic events, or
  - having episodes in which one feels detached from one's mental processes or body
- Changes in self-perception
  - a sense of helplessness, shame, guilt, stigma, and
  - a sense of being completely different than other human beings
- Distorted perception of the perpetrator
  - attributing total power to the perpetrator or
  - becoming preoccupied with the relationship to the perpetrator, including a preoccupation with revenge
- Change in relations with others
  - including isolation,
  - intense distrust of others, or
  - a repeated search for a rescuer
- Changes in one's system of meanings
  - a loss of sustaining faith or
  - a sense of hopelessness and despair

Adapted from the United States Department of Veteran Affairs: National Center for PTSD
###Criterion A

Score of 44 and higher for diagnosis.

###Criterion B

One 1-5 = Criterion B

###Criterion C

Three 6-12 = Criterion C

###Criterion D

Two 13-17 = Criterion D

Meets criterion count if rating 3-5:
The study is a collaboration between the Centers for Disease Control and Prevention and Kaiser Permanente's Health Appraisal Clinic in San Diego.

More than 17,000 subjects in the study.

Each “yes” answer is a point.

Finding Your ACE Score

While you were growing up, during your first 18 years of life:

1. Did a parent or other adult in the household often or very often:
   - Swear at you, insult you, put you down, or humiliate you?  
   - Act in a way that made you afraid that you might be physically hurt?  
   - Yes  
   - No  
   - If yes enter 1 ______

2. Did a parent or other adult in the household often or very often:
   - Push, grab, slap, or throw something at you?  
   - Ever hit you so hard that you had marks or were injured?  
   - Yes  
   - No  
   - If yes enter 1 ______

3. Did an adult or person at least 5 years older than you ever:
   - Touch or fondle you or have you touch their body in a sexual way?  
   - Attempt or actually have oral, anal, or vaginal intercourse with you?  
   - Yes  
   - No  
   - If yes enter 1 ______

4. Did you often or very often feel that:
   - No one in your family loved you or thought you were important or special?  
   - Your family didn’t look out for each other, feel close to each other, or support each other?  
   - Yes  
   - No  
   - If yes enter 1 ______

5. Did you often or very often feel that:
   - You didn’t have enough to eat, had to wear dirty clothes, and had no one to protect you?  
   - Your parents were too drunk or high to take care of you or take you to the doctor if you needed it?  
   - Yes  
   - No  
   - If yes enter 1 ______

6. Were your parents ever separated or divorced?  
   - Yes  
   - No  
   - If yes enter 1 ______

7. Was your mother or stepmother:
   - Often or very often pushed, grabbed, slapped, or had something thrown at her?  
   - Sometimes, often, or very often kicked, bitten, hit with a fist, or hit with something hard?  
   - Ever repeatedly hit at least a few minutes or threatened with a gun or knife?  
   - Yes  
   - No  
   - If yes enter 1 ______

8. Did you live with anyone who was a problem drinker or alcoholic or who used street drugs?  
   - Yes  
   - No  
   - If yes enter 1 ______

9. Was a household member depressed or mentally ill, or did a household member attempt suicide?  
   - Yes  
   - No  
   - If yes enter 1 ______

10. Did a household member go to prison?  
    - Yes  
    - No  
    - If yes enter 1 ______

Now add up your “Yes” answers: ______. This is your ACE Score.
The higher the score, the greater the exposure, and therefore the greater the risk of negative consequences.

Findings:
- An ACE score of 4 = 1,350% more likely to use IV substances
- An ACE score of 6 = 4,600% more likely to use IV substances
- An ACE score of 6 = die 20 years earlier

Differences by gender
- Men and women reported similar prevalence for having grown up with a mentally ill household member (22.0% for women, 16.7% for men)
- As well as similar scores for growing up with a substance-abusing family member (30.6% for women, 27.5% for men).
- A difference between men and women was observed in the ACE category of sexual abuse, where women reported more than twice as many experiences as men (17.2% for women, 6.7% for men).
Healing Neen

• Tonier “Neen” Cain
  • She has an ACES score of 10

Trailer for "Healing Neen"

Instead of asking “What’s wrong with my client?” ask

“What happened to my client?”
The Challenge

• How do we create an environment of physical, social, and psychological safety?

• It’s more than just forbidding or outlawing certain things

• It’s what we do “instead”:  

[Image of a gun with a prohibition symbol]
Nonviolence does not mean the mere absence of violence. It is something more positive, more meaningful than that.

The true expression of nonviolence is compassion, which is not just a passive emotional response, but a rational stimulus to action.

In order to make nonviolence, which is a physical expression of compassion, a reality, we must first work on internal disarmament and then proceed to work on external disagreement.

His Holiness The Dalai Lama
• Watch as a school principal tries to implement changes in how his school deals with difficult students
Correct or Connect?

We can do two things in the face of wrongdoing: we can "correct" the person or we can "connect" with the person. We can concentrate on the action or attend to their growth, gradual as it may be.

To correct a person is to stamp out what we don’t like in them. To connect with someone is to lead them to like what we like. The first one will avoid us forever after that; the other will follow us for life. "

Sister Joan Chittester
Four Keys to Trauma Informed Care

1. Take the Trauma into account

- Understanding the ways trauma affects individuals -- short term and long term
- To release the trapped memory we have to:
  - Engage the memory
  - Remove the negative association
  - Connect it to a new neural pathway

**Trauma Specific Therapies**

- **Cognitive Processing Therapy (CPT) *Best Practice***
  - Developed originally developed for rape victims, but has been successful with a range of traumas.
  - **Free CEU’s 10 Section Online Tutorial:** [cpt.musc.edu/index](http://cpt.musc.edu/index) with video examples
  - Online manual: Google search “washington.edu cpt manual”

- **Eye Movement Desensitization Reprocessing (EMDR)**
  - In successful EMDR therapy, the meaning of painful events are transformed on an emotional level. Final Stage is to install a positive cognition to replace the distorted cognition.
    - A rape victim shifts from feeling horror and self-disgust to holding the firm belief that, "I survived it and I am strong."
2. Avoid triggering trauma reactions and/or traumatizing clients
   -Treating and providing services for those problems in ways that make them better instead of worse.

3. Adjust the behavior of counselors, other staff and the organization to support the individual’s coping capacity

4. Allow survivors to manage their trauma symptoms successfully so that they can access, retain, and benefit from the services
   -Look for and understand the connection between trauma exposure and current symptoms and behaviors

Tool Box

- Trauma Assessment: the ways we gently explore personal history
- Safety Planning: promoting physical, psychological, social, and moral safety
  - Prevention and de-escalation
- Skills Teaching
  - Self-Soothing Techniques
  - Communication Skills
  - Affect Regulation Training
  - Self Protection (Safety) Skills
- Community Meetings and Debriefings: Staff and clients
- Collaborative Problem Solving (A, B, and C)
- Grief Work
- Psycho-Education on the Impact of Trauma
- Creative Therapies
- Staff Personal Calming/Coping Plan
Prohibited

- Anything humiliating, degrading, harsh, or abusive.
- Corporal punishment.
- Restricting family contact for purposes of punishment.
- Subjection to unclean and unsanitary living conditions.
- Deprivation of opportunities for bathing and access to toilet facilities.
- Deprivation of services and treatment including health care and counseling.
- Deprivation of drinking water or nutritionally balanced snacks or meals.
- Deprivation of opportunities for sleep or rest.
- Restraint or medication in a non-crisis situation
- Excessive or inappropriate use of permitted behavior management interventions.
- Harassment, abuse, intimidation, or other abuses of power and authority by anyone – staff, client, or family members
- The application of behavior management intervention by persons other than trained staff.
- Forced physical exercise as a punishment or behavior modification technique.
Gender and Treatment

- Gender Specific Treatment:
  - The same program with males and females in separate room

- Gender Responsive Treatment:
  - Creating a safe environment through:
    - site selection,
    - staff selection,
    - program development,
    - content and material
  - Reflects an understanding of the realities of the lives of women and men
  - Addresses and responds to their strengths and challenges

Helping Women/Men Recover

• A Gender Responsive Treatment Program
  • 17-18 Sessions
  • 4 Module Focuses
    • Self—helping women/men identify who they are and what they feel;
    • Relationships—get understanding of healthy vs. unhealthy relationships; understand how relationships as kids and adults affect their addiction;
    • Sexuality—education on sexuality; help restore or develop appreciation for their own bodies; gain knowledge an acceptance of one’s sexual anatomy and functioning;
    • Spirituality—education on spirituality; help them start spiritual journeys that they will continue throughout life.

Parenting Issues

- Trauma symptoms in kids:
  - Reliving of the trauma through play
  - Refusal to go to the place of the trauma
  - Unwillingness to detach from the parents, like fear of leaving parents to go to school
  - Sleep problems, insomnia, nightmares
  - Physical ailments, such as stomachaches and headaches
  - Changes in mood
  - Social withdrawal
  - Fire starting
  - Encopresis
Common Parenting Reactions to Child Trauma:

- Self-blame and guilt
- Blame the child
- Being overly protective
- Being overly permissive
- Becoming overwhelmed
- Feeling worried that your child won’t recover
- Having their own PTSD symptoms, their own trauma is triggered.
Trauma Treatment for Children

- Trauma Focused Cognitive Behavioral Therapy (TF-CBT)
  - Free CEU’s 9 Section Online Tutorial: tfcbt.musc.edu/
  - Proved successful with children ages 3 to 18
  - Is a conjoint child and parent psychotherapy approach
  - For children and adolescents who are experiencing significant emotional and behavioral difficulties related to traumatic life events.
  - Addresses traumatic grief as well
HUMAN SERVICE WORK IS STRESSFUL

• Client needs and behaviors can be overwhelming

• Managers look to direct service staff to meet client and program needs with shrinking resources

• External regulations increase the level of stress throughout the agency

• Despite our best intentions, we become stressed and overwhelmed

• It’s possible to lose sight of mission, goals and values that should guide our work.
Vicarious Trauma

• Definition of Vicarious:
  • received, or suffered in place of another; taking the place of another person or thing; acting or serving as a substitute

• Give them an avenue to process—Supervision

• If not, subtle signals can shut a client down
Self Care as a Human Service Professional

- Keep a balance between work and self/family
- Set and maintain reasonable workload and schedule
- Maintain and contribute to a supportive work climate in your program or location
- Share responsibility with co-workers/team
- Utilize the resources offered by your agency
- Use breaks and time off for good self care
IGNACIO's Self Care Plan!

Mind
- Meditate
- Take lots of breaks
- Music
- Fun!
- Life-long learning

Body
- Tea
- Nourishing food
- Exercise
- Sleep eight hours
- Everything in moderation

Mindful People in My Life:
- Gretchen
- Mom
- Mi Viejo
- Alberto
- Lynne
- Caroline
- Reed
- Deborah

Self-Reflection:
- Meditate
- Human connections

Spirit
- Fulfillment
- Through using my awesome skills

I want to accomplish:
- Peace
- Serenity
- Control
- Happiness
- Good work
- Be a good person
“What happened to my client?”

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