

Connections Between Trauma & Substance Abuse



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THIS AFTERNOON



- **Identify Multiple Connections between Trauma & Substance Use**
- **Understand how to Assess Substance Use in Trauma Settings and Trauma Symptoms in Substance Use Settings**
- **Demystify Trauma Therapy via Demonstration of Session w/Adult with Trauma Hx & Substance Hx**

BUCKLE
UP
BUTTERCUP



I am going to ask you to be willing...



- ...to **stay focused** while you participate, listen & watch
- ...to **be attuned to each other**, as some people in this room have experienced trauma and may feel sensitive today

We need to talk about trauma today...



Please take care of yourself.

People Cope w/Trauma Differently



At your seat...



- Imagine you've just been robbed as you were walking home from work, by a man who said he had a gun (heaven forbid!)
- On the **Coping with Trauma Checklist** **check** the most likely ways you would cope initially....then **circle** the most likely ways you would cope longer term
- Then we'll discuss!

How Might This Be Different...

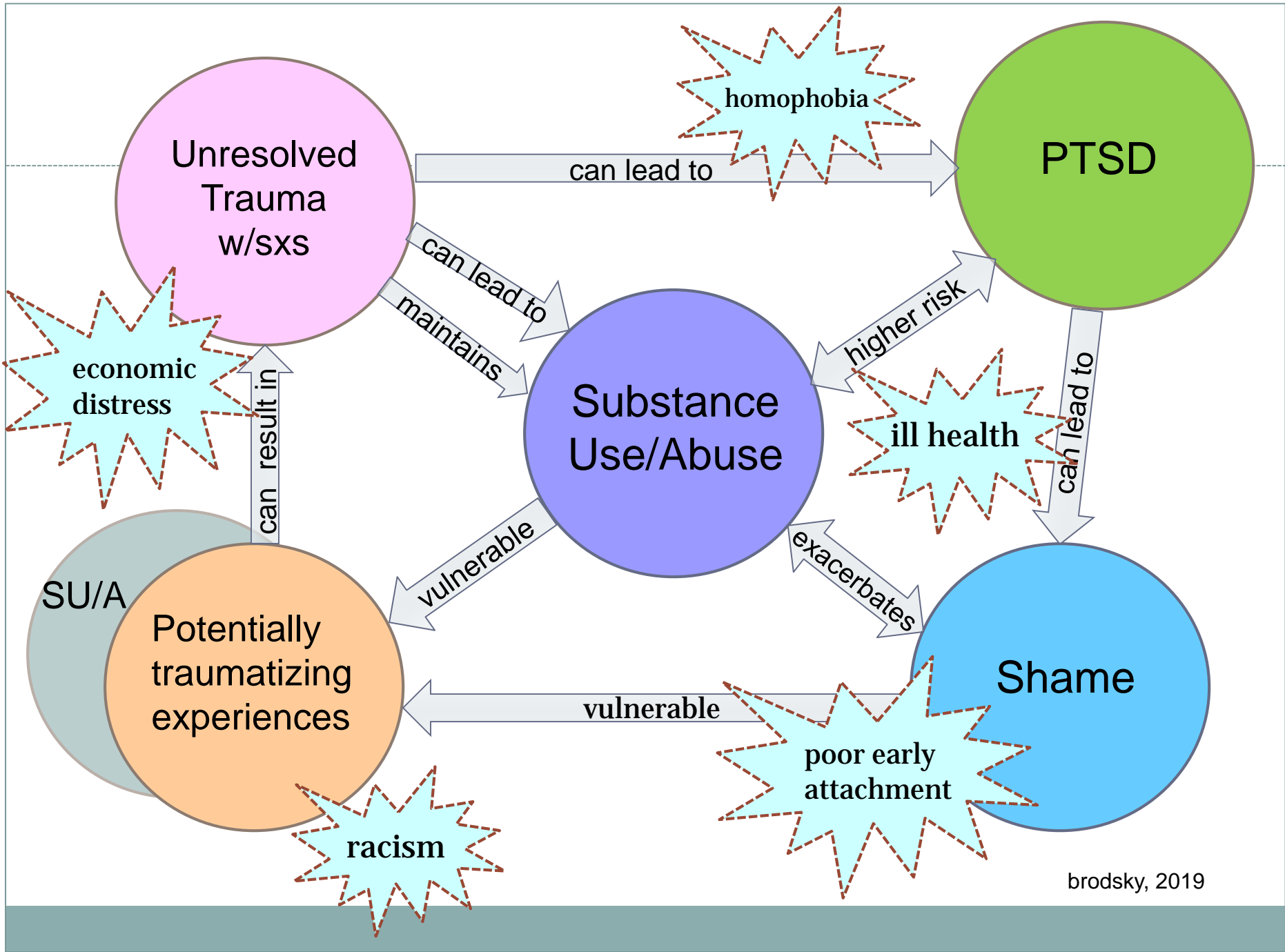


...if you were already struggling with your alcohol use?



WHAT IS THE RELATIONSHIP between TRAUMA and SUBSTANCE ABUSE





Used to be...



- One or the other = not served at either place!
- No therapy until at least 6 months clean/sober



Now



- **Dual Disorder Programs**



- **Cross pollinization of disciplines**
- **Plenty of therapy is possible during early recovery**

Introducing 3 Case Examples



- **Ryan:** 26y.o. single bi-s Cauc-Chinese-Amer ♂
Hx CSA and PA 7-11y.o. by relative. Abuser gave Ryan alcohol. Issues w/addiction to alcohol, weed and heroin. Led to homelessness and job loss. OD then inpt tx; clean/sober 1yr.



- **Ardis:** 48y.o. divorced, African-American ♀ Was alcoholic, inpt tx at 31y.o. Sober 32-47y.o. Is a CPS supervisor. Relapsed after recent SA by ex-husb. Sober 3 mos. at first session



- **Rhonda:** 55y.o. Cauc-German-Amer lesbian ♀
Extensive hx sadistic CSA, PA, EA by relatives and poor attachment w/bio parents prior to that. Became addicted to oxycontin and lorazepam. Clean for 3 years but threatens to OD when upset

Screening vs. Assessment



- Depends on your role and training
- **Screening:** Brief, then refer if needed. Identifies individuals who are at risk of having a problem needing further assessment or treatment
- **Assessment:** More comprehensive, likely precedes trauma therapy w/same therapist or someone else in-house. Purpose is to gather the detailed information needed for a treatment plan that meets the individual needs of the client

Trauma Assessment in Addiction Treatment



- Weiss blog (on your reading list):

“Many clients seeking help with an addiction will not spontaneously disclose past trauma histories...”

What do you think gets in the way?

- Adjust pacing and intensity of questions to client’s “window of tolerance”
- Use measures re: types of traumatic experience & impacts
- In combination with clinical interview

Ryan



- **Ryan:** 26y.o. single bi-s Cauc-Chinese-Amer ♂
Hx CSA and PA 7-11y.o. by relative. Abuser gave Ryan alcohol. Issues w/addiction to alcohol, weed and heroin. Led to homelessness and job loss. OD then tx; clean 1yr.
- How likely would Ryan be to share re: past trauma at outpt substance treatment intake?
How likely would he be to share re: past substance use in initial trauma therapy?
- As you work w/Ryan, what might you ask or say to “get at” past trauma?

Ardis



- **Ardis:** 48y.o. divorced, African-American ♀
Was alcoholic, inpt tx at 31y.o. Sober 32-47y.o.
Is a CPS supervisor. Relapsed after recent SA by ex-husb. Clean/sober 3 mos. at first session
- How likely would Ardis be to share re: past trauma at substance treatment intake? How likely might she be to share re: past substance use at trauma therapy initial appt?
- As you work w/Ardis, what might you ask or say to “get at” past trauma?

Assessment-Based vs. One-Size Fits All



RYAN

constant nightmares & flashbacks
in process of moving
dyslexic/hates writing
looking for work
clean 3 months



RHONDA

ruminate w/- thoughts about herself and others; sui threats
avoids stores & social life
volatile personal relationships
sober 3 years, has sponsor
works as housecleaner

Internal Questions To Guide Assessment



- What am I seeing, hearing and sensing? (client's presentation)
- What led client to bring up the trauma now? Has it become unbearable? Something reminded them?
- Is the past *Haunting* the person?
- Is trauma blocking possibilities for client?
- What are the symptoms?

Internal Questions To Guide Assessment



- How motivated and insight-oriented is the client?
- What does the client feel they need in order to heal and restore (or build) a good life?
- Does this seem more about single-incident trauma or chronic?
- What is the risk of relapse if client *floods* right now?

Key Areas to Cover



- Fill in a few details about *what* happened to the person:
 - Did they witness it or experience it?
 - Was it chronic? Did it worsen over time?
 - Injuries to self/others?
 - Perceptions *during* the event
 - Aftermath, inc. treatment by LE and social support
 - Past therapy & efforts to heal

Key Areas to Cover



- Fill in some details about the *impact* of what happened “*What have you been noticing since.....*”
- Current functioning, including work, medical, sleep, social connection, thoughts of death, dissociative experiences
- Soul feelings; spiritual effects
- Past history, including suicide attempts, major losses or other traumatic events
- Internal & external resources and strengths

S.I.B.A.M.



Trauma is experienced & remembered on all of these levels:

- **Sensation** (e.g., physiological activation, heat/cold, light/dark)
- **Image** (e.g., internal images like memories, dreams or external images like an object in the room)
- **Behavior** (e.g., posture, facial expression, movement or restraining movement)
- **Affect** (e.g., feelings and emotions)
- **Meaning** (e.g., beliefs, judgments, thoughts)

- Peter Levine

Trauma-Specific **Screening** Tools



- Refugee Health Screener-15 (RHS-15) seven versions
- Primary Care PTSD Screen
- PHQ-9
- Trauma Symptom Questionnaire

Trauma-Specific **Assessment** Tools



- PCL-5
- Trauma Symptom Checklist for Children (TSCC)
- Beck Depression Inventory II, if indicated

Ryan



- **Ryan:** 26y.o. single bi-s Cauc-Chinese-Amer ♂
Hx CSA and PA 7-11y.o. by relative. Abuser gave Ryan alcohol. Issues w/addiction to alcohol, weed and heroin. Led to homelessness and job loss. OD then tx; clean 1yr.

SXS: constant nightmares & flashbacks, frequent urges to use, not sleeping until morning, thoughts of suicide, avoids going out, avoids social interaction, very high anxiety.

ASSESSMENT TOOL: **PCL-5**

DX: **PTSD; MDD**

Addiction Assessment in Trauma Treatment



- At intake, ask basic question(s) about substance use
- If history of drug/alc use/abuse, or you have a *hunch* there is, do drug/alc survey
- In-depth substance use assessment should be done by a treatment program
- Most important for trauma therapy is how well client tolerates and copes with distress NOW
- Can the client re-regulate themselves after stressful situations *without* risking sobriety or other self-harm

Integrative Treatment Planning



- Initial emphasis: emotion regulation, distress tolerance, positive self-soothing
- **Stabilization – Working Through – Integration**
- Pacing may be slower, ↑coordination w/substance abuse &/or medical provider(s); disruptions may occur in trauma therapy due to risk of using
- Old life/new life disorientation &/or isolation
- Lowering phobia of inner experience; allowing multiple emotions to co-exist w/o shame
- Weaving substance abuse concepts into trauma work

Pause...breathe.



Integrated Treatment:



But when can trauma work start?



Integrated Treatment:



“Trauma work” includes:

- Stabilization & grounding: sleep, social contact, meaning, exercise, de-stress ideas, mindfulness, medication & well-being
- Exploring impacts of and meaning of traumatic experiences in ones life, including negative self-appraisal
- Decreasing shame; shoring up tolerance for remembrance & multiple feelings without judgment
- Relaxation, Distress Scale, Working on Nightmares, Practicing feared non-dangerous, Cultivating Positive Self-Leadership

All of this can happen while client is in early recovery, depending on your assessment!

Integrated Treatment:



- Bringing up traumatic memories in detail on purpose should begin **ONLY** when/if client is well-resourced.
- **No wildly-ripping-off-the-bandage!**



Course of Treatment: Ryan



- Create a therapeutic relationship
- Assess: STABILITY, including suicidality, housing, medical care, possible prazosin?, preserve sobriety, coordinate w/PMD, bio-fa a resource for him?
assess connection w/recovery community, friends
- Assess: level of PTSD sx's using PCL-5, level of past Subst Abuse using Subst Abuse grid

Course of Treatment: Ryan



- Work on stabilization first and foremost: sleep, housing, food, job, medical, recovery support
- Coping skills training
- Possible Dream Reorganization Treatment later if client can tolerate
- Eventually (maybe up to 1+yrs in) begin trauma-specific work re: Childhood Trauma

Role Play with Ryan



- **Ryan:** 26y.o. single bi-s Cauc-Chinese-Amer ♂
Hx CSA and PA 7-11y.o. by relative. Abuser gave Ryan alcohol. Issues w/addiction to alcohol, weed and heroin. Led to homelessness and job loss. OD then tx; clean 1yr.
- Let's say therapist knows the above, but Ryan has avoided mention of trauma, even when therapist has gently asked. Then during a therapy session he says:

“Hey. I told the CC counselor I’m out. No more JumpStart program. The main instructor, man, reminds me too much of my uncle. Bastard. Just keep wanting to use. Everything’s coming up. And I haven’t slept in 3 days.”

Rhonda



- **Rhonda:** 55y.o. Cauc-German-Amer lesbian ♀
Extensive hx sadistic CSA, PA, EA by relatives
and poor attachment w/bio parents prior to
that. Became addicted to oxycontin and
lorazepam. Clean for 3 years but threatens to
OD when upset

Chronic Developmental Trauma



- Where attachment and development of personality is affected:
 - therapy focuses on the relationship
 - with consistent boundaries and care
 - repairing breaches in a timely manner
 - affect regulation and distress tolerance
 - identifying and integrating parts of the self
- before* any direct work on remembered trauma

Ardis



- **Ardis:** 48y.o. divorced, African-American ♀
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Brief SA-Specific Therapy



- Assess client's sense of agency re: recent SA, remaining risks (safety? STDs?), response of LE and any action steps she'd like support around
- Assess level of symptoms and stability of re-found sobriety
- Rally physical and emotional, internal and external resources
- Process any flashbacks or intrusive memories of SA
- Ask client if wanting longer-term therapy re: hx

A Final Thought...



- **Addiction is magnetic! It exerts a POWERFUL force!**
- **When doing trauma therapy where substance abuse has been an issue, always keep an eye on the balance btwn encouraging forward movement...and stabilization.**

Final Questions? Comments?



Thank you! - Janet



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