Establishing Safety: Treating Trauma in Early Recovery

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“Out of Suffering Emerged the Strongest Souls; the Most Massive Characters are Seared with Scars” - Kahlil Gibran
What is TRAUMA?

DSM V definition:
Exposure to actual or threatened death, serious injury, or sexual violence by:
• Direct Witnessing the event
• Learning of an event that occurred to a close person
• Experiencing repeated or extreme exposure to aversive details of the event (does not apply to media except when it is work related).

Adapted from DSM V
Potentially Traumatic Events

- Childhood Abuse (physical, sexual, emotional)
- Disaster (natural or human)
- Armed robbery
- Physical and Sexual Assault
- Severe accidents (fire, injury, torture)
- Military combat
- Kidnapping
- Terrorist attacks
- Torture
Symptoms of PTSD
Note: lasting >1 month

<table>
<thead>
<tr>
<th>Reexperiencing</th>
<th>Avoidance</th>
<th>Hyperarousal</th>
<th>Mood and Cognitive Changes</th>
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<tbody>
<tr>
<td>• Nightmares</td>
<td>• Avoiding thinking or talking about trauma</td>
<td>• Sleep disturbance</td>
<td>• Negative beliefs about self and the world</td>
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<tr>
<td>• Flashbacks</td>
<td>• Avoiding trauma reminders</td>
<td>• Irritability and Anger outbursts</td>
<td>• Feeling numb and detached</td>
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<td>• Intrusive thoughts</td>
<td></td>
<td>• Easily Startled</td>
<td>• Persistent negative emotions and inability to have positive emotions.</td>
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<td>• Increased physiologic response to triggers/cues</td>
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<td>• Trouble Concentrating</td>
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<td></td>
<td></td>
<td>• Hypervigilance</td>
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<td></td>
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<td>• Reckless and self destructive behavior</td>
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Trauma Statistics

70% of adults in the U.S. have experienced some type of traumatic event at least once in their lives. Up to 20% of these people go on to develop PTSD.

An estimated 8% of Americans have PTSD at any given time.

An estimated 1 out of 10 women develop PTSD and women are about twice as likely as men to develop PTSD.

Almost 50% of all outpatient mental health patients have PTSD.

National Center for PTSD; Mills et. al. JAMA August 15 2012 Vol 308
“Child abuse casts a shadow the length of a lifetime...” - Herbert Ward

www.stopchildabuse.com
Childhood Trauma

- Early childhood neglect shown to be correlated with generally lower intelligence.
- Chaotic and unpredictable environments lead to brain dysregulation and dysynchrony.
- Younger age less active “fight or flight response.” Dissociation more common.
Childhood trauma Statistics

- In 2011, child protective services in the United States received 3.4 million referrals
  - (78.5%) suffered neglect
  - (17.6%) suffered physical abuse
  - (9.1%) suffered sexual abuse
- 5% of adolescents have met criteria for PTSD in their lifetime.
  - Prevalence is higher for girls than boys (8.0% vs. 2.3%) and increase with age (4).

NATIONAL CENTER FOR PTSD www ptsd va gov
Conditions Associated with Child Abuse

- Post Traumatic Stress Disorder
- Major Depressive Disorder
- Anxiety Disorders (panic disorder)
- Personality Disorders (borderline personality disorder)
- Eating Disorders (bulimia/binge eating disorder)
- Substance use disorders
- Somatization Disorders/Pain disorders

www.asca.org
Trauma and the Brain

- Trauma leads to upregulation of Amygdala (fear response) and stress hormones (norepinephine and cortisol)
- Long term trauma causes decreased cortisol and increase in DA.
- Hippocampal volume shrinks in response to trauma
- Dissociation is result of Dopamine upregulation which leads to increase in opioids and altered pain sensitivity
Trauma and the Family

Parentification of Children
- Children learn to put needs aside learn to make connections through taking care of others.
- Children are put in developmentally inappropriate settings and are left with feelings of inadequacy.

Inaccessibility of parents
- Children feel on their own and develop loss of trust and faith in relationships.

Secrecy
- Children learn to deny aspects of their reality
- Become unable to form authentic honest attachments.
Complex PTSD

• Chronic cumulative trauma
• Often invasive and interpersonal
• Respond differently to treatment
  ▫ Child abuse
  ▫ Chronic domestic abuse
  ▫ Hostage situations
  ▫ Religious cults
  ▫ Slave labor camps

Kendall-Tackett 2013 Treating Lifetime Health Effects of Childhood Victimization
Complex PTSD Symptoms

Behaviors
- Self-destructive
- Tension reducing
- Impulsive

Cognitions
- Low self efficacy
- Distorted reasoning
- Learned Helplessness

Emotions
- Affect Disregulation
- Emotional constriction
- Shame/Guilt
- Depression

Social
- Inability to trust
- Poor boundaries

Impact of Complex Trauma National Child Traumatic Stress Network www.nctsn.org
Vulnerability Factors for PTSD

Pretrauma:
- history of prior trauma
- female gender
- poor distress tolerance
- insecure parental attachments

Trauma:
- sudden and unpredictable
- involve physical injury or sexual abuse
- occurs before personality is fully integrated.
- Chronic in nature

Posttrauma:
- lack of support
- secondary victimization
- avoidance
- ineffective coping (using substances)
PTSD and Substance Use Disorders (SUDS)

- 65% of patients with PTSD have a comorbid substance disorder
- 62% of substance abusers will develop PTSD
- People with PTSD abuse dangerous substances:
  - Studies indicate that opiate abuse occurs in approximately 23% of PTSD cases. This is followed by marijuana (20%), Benzodiazepines (11%), and cocaine (8%). Alcohol Abuse is (5%)

PTSD patients incur about $6000 per year in treatment costs in SUDS treatment centers.

Mills et al. 2012
Downward Spiral of PTSD and SUDS

Vulnerability to more Trauma → PTSD symptoms → Use of substances to “cope”
Complex Relationship PTSD and SUDS

Substance Abuse can or Abstinence

PTSD symptoms or PTSD symptoms
Core Client Issues with PTSD/SUDS

- **Splitting:**
  - Parts of self are fragmented or walled off
- **Triggering:**
  - Altered reactivity to trauma related cues
- **Boundaries**
  - Relationships either too close or too distant
- **Demoralization**
  - Intense sense of personal failure and loss of sense of self worth.

Najavts et al. 2006
Treatment Challenges PTSD and SUDS

- Psychiatric and medical comorbidity the norm
- Psychosocial concerns
- PTSD symptoms can worsen with initial abstinence.
- Separate treatment systems difficult to coordinate care
- Fragile treatment alliances
- Frequent crises make getting to core issues difficult and elusive.
NIDA Collaborative Cocaine Study: Comorbibd PTSD and SUDS:

Study 1991 and 1997 558 cocaine dependent patients

Found that patients with PTSD and SUDs:
- More chronic medical issues
- Cardiovascular, neurologic, body pain
- Greater levels of psychopathology
- Less likely to comply with aftercare
- More interpersonal problems

The National Institute on Drug Abuse Collaborative Cocaine Treatment Study: rationale and methods. Arch Gen Psychiatry 1997; 54:721–726
Barriers to Treatment PTSD/SUDS

Patient Driven barriers

• Trust Issues
• Fears about clinician’s ability to handle information
• Possible amnesia
• Self-blame and shame
• Fear that talking about the trauma will worsen symptoms

P.C. Ouimette et al. 1998
Barriers to Treatment for PTSD/SUD

Provider Driven Barriers:

Substance Abuse providers:

- not screening for trauma appropriately.
- not referring patients to treatment for PTSD
  - In a study 40% of a sample had significant trauma history and only 15% had chart diagnoses. When diagnosis was present treatment was rarely part of treatment plan (P.C. Ouimette et al. 1998)
- Pervading Belief among clinicians that sobriety has to be maintained first before trauma work can begin.

P.C. Ouimette et al. 1998
PTSD and Substance Abuse

• “Providers of care for substance use disorders do not regularly screen for PTSD and do not make appropriate treatment referrals. Similarly, trauma experts insufficiently consider the co-occurrence of substance use disorders. Given the extraordinary suffering that occurs in both conditions and is amplified even more when they co-occur, a tragic shortfall too often develops in meeting the needs of patients who suffer with these conditions.”

EDWARD J. KHANTZIAN, M.D.
From a trauma survivor’s perspective...
<table>
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<tr>
<th>Treatment Strategy</th>
<th>Description</th>
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<td>Sequential Treatment</td>
<td>One disorder is treated first, then the other. Most common paradigm in substance abuse treatment centers. Most often treat SUDs then PTSD.</td>
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<tr>
<td>Concurrent Treatment</td>
<td>Each disorder is treated separately but simultaneously. For example, sending a SUD patient for outside therapy appointments to treat PTSD.</td>
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<tr>
<td>Integrated Treatment</td>
<td>Both disorders are treated at the same time. Example Seeking Safety: manualized CBT group psychotherapy approach that addresses both disorders.</td>
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Integrated Treatment Mills et al. 2012:

- 103 pts who met DSM IV criteria for PTSD and SUD
- Randomized to receive substance abuse treatment as usual or COPE (Concurrent treatment of PTSD and SUDS using Prolonged Exposure therapy).
- From baseline to 9 month follow up treatment group demonstrated significantly greater reduction in PTSD symptoms
- No significant increase in severity of substance abuse (mean difference -16.9).
Evidence Based Treatment for PTSD

- Psychotherapy: First Line
  - Cognitive therapy
  - Exposure therapy including EMDR
  - Relaxation techniques
  - Education about PTSD

- Medications: Antidepressants; mood stabilizers, antipsychotics; blood pressure medications (prazosin).
• Present centered CBT group therapy to help clients attain safety from PTSD and Substance Abuse.
• 25 topics that can be conducted in any order or used separately
• Evidence supports its use in a variety of treatment settings with men and women.
  • Safety is the goal of treatment
  • Integrated Approach
  • Focus on cognitive, behavioral, interpersonal Optimistic focusing on strength and future
3 Stages of Healing from Trauma (Herman 1992)

1. Safety
   - Present
   - Physical safety
   - Sobriety
   - Safe relationships

2. Rememberence and Mourning
   - Past
   - Processing trauma and grieving losses
   - Has coping skills and support

3. Reconnection
   - Future
   - Reintegrating in day to day life
   - Creating new memories and joy

Trauma and Recovery: The Aftermath of Violence--from Domestic Abuse to Political Terror
Judith Herman 1992
Types of Safety (Najavits 2002)

Physical Safety-
Making sure the Physical Body is no longer in danger. Includes sobriety and physical removal from abusive relationship.

Mental Safety-
Choosing healthier belief systems. Taking a more realistic view of oneself and of the world.

Emotional Safety-
Having emotional awareness and seeking help for emotional problems.

Relationship Safety-
Setting appropriate boundaries in relationships.
Establishing safety

- Psycho-education
  - Normalization
  - Removing Self Blame and Doubt
  - Correcting Cognitive distortions
- Coping skills
  - Distress Tolerance
  - Grounding/Mindfulness
  - Self care
  - Boundaries
Importance of Resiliency

- **Resilience** is the capacity to adapt to stress and restore homeostatic balance efficiently.
  - Some transient stress is expected and important
- **Post traumatic Growth** positive adaptation to traumatic stress and adversity. Change occurs in 3 domains
  - Sense of self
  - Relationships (others)
  - Philosophy of life

Watson et al. Psychiatric Times May 2013
Establishing Safety: Suggestions for clinicians:

Avoid Retraumatizing - Keep trauma details to a minimum especially during initial assessment.

Empower the client with empathy and collaborative approach. Ask permission when appropriate “would you like to hear some feedback?”

Offer Choice when appropriate.

Balance support and accountability.

Educate yourself about trauma: statistics, treatment, prognosis.

Najavits, LM 2006 Journal of Chemical Dependency Treatment
“Trauma Informed” Treatment Environment

- See trauma as a defining experience that can influence survivors sense of self, others, and the world
- Open and collaborative relationship with focus on safety, choice and control
- Integrate understanding of trauma and substance abuse throughout the program
- Simultaneously address Trauma and Substance Abuse using integrated approach
“Trauma Competent” Treatment Environment.

- Provide Some trauma training to all Staff
- Have staff members onsite who are extensively trained in manual based treatments for PTSD.
- Institute Universal Trauma Screening to all clients/patients
- Make an effort to hire trauma trained Staff
- Ensure access to and funding for staff to become trauma competent.
Self-care and Establishing boundaries is critical when working with trauma and addiction
Clinician Self Care

Self-care and Establishing boundaries is critical when working with trauma:

- **Vicarious Traumatization** - Clinicians can develop symptoms of PTSD by hearing about trauma.
  - Can affect clinical judgment and personal distress
  - Brady et al. 1999 1000 female psychotherapists those with highest level of sexual abuse exposure had highest symptoms
  - Spirituality offered some protection.

Brady et al. Vicarious Traumatization spirituality and the the treatment of sexual abuse survivors Professional Psychology Research and Practice 30 386-393
### Warning signs of “Burnout”

<table>
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<tr>
<th>Poor boundaries-thinking about work at home, taking on only trauma cases.</th>
<th>Trying to “do it alone” without supervision or team approach.</th>
<th>Sleep disturbance, Lack of exercise and poor self-care.</th>
<th>Increased caretaking role in and out of work.</th>
<th>Lack of social support- no friends, family.</th>
<th>Poor spiritual health</th>
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Kendall-Tackett *Treating Lifetime Effects of Childhood Victimization* 2013
# Talbott’s Trauma Track

- **8 sessions 1.5 hours weekly**
- **Mixed gender group**
- **Available to inpatients who have an identified trauma history**
- **2 trauma competent facilitators**
- **Present centered**
- **Education and Coping skills driven**
- **Homework assigned each session**
- **Focus on Empowerment and Resilience**
- **Concurrent with individual therapy encouraged**
Trauma Group Topics by Session

1. Establishing Safety
2. Trauma and PTSD Symptoms
3. Long term impacts of PTSD and Substance Abuse
4. Recovery Thinking and Behavior
5. Handling Difficult Emotions
6. The importance Boundaries
7. Maintaining Healthy Relationships
8. Victim or Survivor? Importance of Resiliency
“Be the change you want to see in the world.

- Mahatma Gandhi