Efficacy of Grief and Trauma Therapy Integrated into Substance Abuse Groups

Aimee S. Hicks
PhD Student, Counselor Supervision & Education, Mercer University
MS, APC, NCC, MAC, DOT SAP
Learning Outcomes

- Understand the comorbidity of SUD & grief, trauma, & loss
- Become aware of the gap of services for DUI offenders in mandated treatment
- Gain knowledge of narrative therapy
- Compare traditional SUD treatment to integrated model
- Exposure to evidence-based model of narrative trauma therapy; Goldstone
Quick Stats

- About one-third of all drivers arrested or convicted of drunk driving are repeat offenders.
- Each day, people drive drunk more than 300,000 times, but only about 3200 are arrested.
- Over 1.1 million drivers were arrested in 2018 for driving under the influence of alcohol or narcotics.
- 57% of fatally injured drivers had alcohol and/or other drugs in their system – 17% had both.

MADD, 2019
Georgia DUI Laws

- Complete DUI School
- Fine not less than $300 or more than $1000
- Jail term of not less than 10 days or more than 12 months, however, the judge may suspend or probate all but 24 hours
- Not less than 40 hours of community service unless BAL was .08 or less, in such case the community may be as little as 20 hours
- A clinical evaluation, unless waived by the court
- **Completion of a treatment program if recommended by the evaluation**
- 12 months probation
- Aggravating circumstances could result in additional jail time.

- Drivers License suspended for 2 years or 1 year if enrolled in treatment
- Between $600 and $1000 fines
- Jail time of between 90 days and 12 months, however, the judge may suspend or probate all but 72 hours
- Not less than 30 days of community service
- Complete DUI School
- Mandatory complete of Clinical Evaluation
- **Completion of a treatment program if recommended by the evaluator** (this can’t be waived by a judge)
- 12 months probation
- Ignition interlock system required for 6 months

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First DUI Offense

Second DUI Offense
Comorbidity

- When two disorders or illnesses occur in the same person, simultaneously or sequentially, they are described as comorbid. Comorbidity also implies interactions between the illnesses that affect the course and prognosis of both.
Raise Your Hands
Graphics for PowerPoint
Loss, Grief & Trauma

Instead of ignoring loss and trauma, or moving quickly past them, we can choose to slow down, sit with each loss, examine it, and grieve it. It’s better to sink in and experience it now, than to find yourself drowning years later in losses that had no voice.

-Christina Hibbert, Psy.D.

It just occurred to me that many people are actually afraid to heal because their entire identity is centered around the trauma they’ve experienced. They have no idea who they are outside of trauma and that unknown can be terrifying.

HealthyPlace.com

Grief can make you feel like you are standing behind a glass wall, you can see everything carrying on in front of you, but you cannot participate or feel part of life. In time this wall will go, it is just part of the grieving process whilst your brain is trying to process the scale of the loss.

Zoe Clark-Coates
- sayinggoodbye.org
WHY?
When Trauma & Addiction Co-occur

The reality of recovering from either—requires recovery from both
Grief & Trauma is prevalent among individuals suffering from a substance abuse disorder.

Substance abuse treatment alone cannot sufficiently treat comorbid disorders dealing with grief and trauma.

A fundamental principle emerging from scientific research is the need to treat comorbid conditions concurrently.
The person has been exposed to a traumatic event in which both of the following have been present:

1. The person has experienced, witnessed, or been confronted with an event or events that involve actual or threatened death or serious injury, or a threat to the physical integrity of oneself or others.

2. The person's response involved intense fear, helplessness, or horror. Note: in children, it may be expressed instead by disorganized or agitated behavior.

Virtually everyone experiences distressing events, but not everyone experiences trauma.

What is traumatic for one person may not be traumatic for another.

We must, therefore, consider carefully not only the EVENT but the individual’s PERCEPTION of the event.
Trauma is a fact of life. It does not, however, have to be a life sentence. Not only can trauma be healed, but with appropriate guidance and support, it can be transformative. Trauma has the potential to be one of the most significant forces for psychological, social, and spiritual awakening and evolution. How we handle trauma (as individuals, communities and societies) greatly influences the quality of our lives. It ultimately affects how or even whether we will survive as a species.

Trauma Therapist Peter Levine (Waking the Tiger, 1997, p.2)
8.2 Million Adults with Co-Occurring Mental Illness and Substance Use Disorders
Addiction
Chemical
Behavioral

Psychiatric
Mood disorders
Anxiety disorders
Psychotic disorders

Trauma
Abuse
Neglect
Wounds/Loss Grief Issues
PTSD

Shared relationship between addiction and psychiatric illness
Represents patient at most symptomatic with all three areas activated
Shared relationship between trauma and psychiatric illness
Treatment for DUI offenders
Short Term ASAM Treatment

- 6–12 weeks
- Open group format
- Single & multiple offenders
- Alcohol & drug use mandated clients

Long Term ASAM Treatment

- 17–52 weeks
- Open group format
- Single & multiple offenders
- Alcohol & drug use mandated clients
Evidence Based Integrated DUI offender treatment
Trauma Narrative Treatment

Trauma Narrative Treatment Workbook

Goldstone Narrative Story

Gold Stone

David & Donna Lane
Yvonne Gabriel, illustrator
Why?

- Grief counseling becomes the forum for transformation of the griever’s story, a sacred and vulnerable process of adapting and accommodating great loss. Counselors become the witnesses for story telling and story making. This conceptualization changes our traditional practices with those affected by grief. We become collaborators with our clients as they journey to remake their lives. We become contributors to the resilient stories that may be passed through families and communities impacted by grief. We become shapers of a new paradigm of mourning, a model different from what we historically understood about this inevitable part of the human condition.

  https://www.youtube.com/watch?v=iAO5cBDvLIC
# Comparison of Models

<table>
<thead>
<tr>
<th>Rating</th>
<th>Trauma-informed Programs</th>
<th>Traditional Substance Abuse Programs</th>
<th>Rating</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Minimize practices that may re-traumatize, Are sensitive to individuals</td>
<td>Tradition of toughness, client adjustment to environment</td>
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<tr>
<td></td>
<td>Power and control minimized, empowerment and choice maximized</td>
<td>Accent on powerlessness, breaking down self-will and surrendering control</td>
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<tr>
<td></td>
<td>Programs are structured and goal oriented, without being authoritative</td>
<td>Programs are authoritative, sometimes without structure</td>
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<td></td>
<td>Collaboration focused (client with staff)</td>
<td>Compliance focused</td>
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<td>Staff training and professional development in research-based approaches</td>
<td>Clients labeled resistant as a fallback position when scope of training is limited</td>
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<td>Understand the function of adaptive behaviors such as, trauma reenactment and self-injury</td>
<td>Behavior seen as intentionally provocative &amp; volitional, irrational and self-destructive</td>
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Adapted from: Fallot & Harris, 2002; Cook et al., 2002; Ford, 2003; Cusack et al., 2004; Jennings, 1998; Prescott, 2000  SCORING: 1=Strongly Agree 2=Somewhat Agree 3=Somewhat Disagree 4=Strongly Disagree
Why Narrative?

- Remaining connected to your mind and body while talking about your trauma
- Remaining present in the here-and-now and connected to others for support
- Integrating your trauma story into your life story
- Giving meaning to your trauma experience
- Re-authoring your story with an ending of your choosing
- Rediscovering yourself as not defined by the trauma
Why incorporate Grief & Trauma into substance abuse groups?

- Direct observation
- Research
- Pilot Study
- Ongoing IRB Study
Hypothesis

There is a significant difference in the mean scores on the Trauma Symptom Checklist-40 (TSC-40) between the group that received TNT and the comparison group.

Method

Data collection took place prior to the first session to include informed consent and the TSC-40 pretest. Data collection took place again at the end of treatment to include the TSC-40 posttest.
Results showed a 13% decrease in mean trauma symptom scores from pre-test.

These results were encouraging to the research team, and while they are not statistically significant nor able to be generalizable due to the very low number of participants (N = 17 for both treatment and comparison groups), the findings justified ongoing research for the use of TNT in treatment of comorbid trauma and SUD.