Co-Occurring Trauma and Substance Use Disorder:

THE INCEST CONNECTION

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GOALS

Participants will be encouraged -
To look “outside the box” by exploring new ways to identify issues of trauma and substance use

Identify what clinicians can do to assist incest survivors who have both mental health issues and substance use. The role of the 12 Steps.

Identify “healing” from cognitive/behavioral/emotional effects of trauma

Discuss how failing to articulate the sequelae of trauma history, can contribute to a greater prevalence of relapse in both substance use and mental health symptoms.
Thinking outside of the box

- New Perspectives
Look at the following two figures.

A bird in the hand is worth two in the ditch.

The diagram below is a perspective builder. You simply have to count the number of triangles in the diagram.
The equation below is made from matchsticks. Each line in a character is one matchstick. This equation is wrong. Move just one matchstick to make the equation correct.

VI + II = VI

This is a design for a new tandem bicycle. Analyze the merits of this design.
And so we begin………

Research findings

- Individuals with SUD report more traumatic events, than those who do not SUD
- 90% of relapse prone individuals, treated for SUD report history of sexual trauma
- “Without proper assessment, symptoms associated with trauma may be incorrectly attributed to the consequences of substance abuse”
- Adequately addressing trauma related symptoms correlates with a reduction in relapse probability.

Interesting to note

Similarities in homes with alcohol and drugs problems as in incestuous homes

- Denial
- Secrets
- Parentified Child
- Dysfunctional Intimacy
- Distortion of Reality
Understand the wound......

- Is incest wrong?
- Why?
The role of power and control

- When you can’t say, “no”…yes means nothing
- The goal becomes to somehow regain your power
- How does the story begin?
“it”
This is a beginning....

Whether or not it is the first time they are speaking of what happened, it is the FIRST time they are speaking to you.
Incest 101

- Do not assume you understand what their experience has been; it can stop the person from letting you know the truth about their experience.

**Respect their process.** It is very intimate to them.

Do not be a **PERPETRATOR OF THERAPY** - Forcing them to go on when they are saying “no.”
Experiencing Trauma

- There are differences in how people experience trauma, and how they come through it.

- DO NOT ASSUME:
  - All people experience a traumatic event the same way
  - They do not love the person who harmed them
  - They would never want to talk or see them again
  - They hate everything about the relationship
  - They have to forgive and let go- It is a choice- a healthy choice, but a choice
  - That your agenda is their agenda
Expected/Unexpected

- **Expected**
  - Can anticipate, but has unexpected consequences
  - Can perseverate for months or years—replaying moments leading up to event in attempt to gain some control

- **Unexpected**
  - Increases psychological injury
  - Unprepared
  - Unaware
  - Vulnerable
The difference between isolated and pervasive incest

- **Isolated** - can more easily leave in past and attend to present
- **Pervasive** - remaining in the circumstance a greater challenge
- **Covert/Overt**

Common Questions

- What to do?
- How much?
- When?

  - **Keep it simple**
  - **What to do:** Listen you will be their guide through the confusion
  - **When:** In their time, not yours. Create a safe atmosphere
  - **How much:** Do no harm. Depends on the level of care - educate
So where do we start? As always you go to where they are...

- Every conversation can be a possible time for them to start talking.
- Do not be judgmental of the patient- of their story- or of their perpetrator(s).
- The word “trauma” in itself can be traumatizing- it represents what happened.
Effects of Trauma

- PTSD
- Irritable Behavior
- Reckless or Self Destructive Behavior
- Reoccurring Dreams
- Flashbacks
- Disassociation
- Hyper Vigilant
- Exaggerated Startle Response
- Derealization

- Problems with Concentration
- Sleep Disturbances
- Persistent exaggerated negative beliefs
- Persistent distorted thoughts about the cause/consequence of the trauma
- Avoidance of distressing memories
- Avoidance of external reminders (people, places, things)
- Depersonalization
FEELINGS

horror

shame

anger

sadness

guilt

helplessness

confusion

powerlessness

Betrayal
Alcohol and Drugs

Substance abuse and mental health issues diminish attention to surroundings.
Becomes a higher risk for additional traumatic events.
Leading to additional alcohol and drug use.
Becoming a higher risk for additional trauma.
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Dissociative states and the numbing that comes with them can allow people to function when overwhelming fear or a threat of intrusion looms. Marijuana and opiates give wide ranges of dissociative and pain killing experience.

Sex abuse survivors sometimes report dissociated responses to sexual touch – Experiencing numbing, a lack of feeling, difficulty feeling pleasure. They learn to enhance or make possible feeling and function by the use of stimulants, such as amphetamines. The drugs will take away some out of a numbed, cut off experience into realm of enhanced aliveness.

Trauma survivors who can’t dissociate, that is, distance themselves from an activated state learn to numb themselves with alcohol.

Chronic avoidance, stemming from an on-going need to protect oneself from what’s perceived as a hostile and abusive world, can bring an individual out of their internal into functioning contact by the use of stimulants (e.g. Cocaine).

Chronic complaints of sleep and appetite disruptions, migraine or generalized pain stemming from chronic body tension and constriction are dealt with by unregulated analgesic hypnotic or recreational drug use.
The Role of The Twelve Steps

Program teaches that the person is not responsible for the disease of addiction, but is responsible for their recovery.

Applied to trauma

They are not responsible for the trauma perpetrated against them, but they are responsible for healing the wounds.
The person can then reassign responsibility by attaching blame to the perpetrator(s) while at the same time assuming responsibility for their personal recovery.

Goal - Do not focus on why they did "it" or whose fault it was- instead:

WHAT DO I NEED TO DO TO HEAL?
What is healing?

- How do I recognize healing if it happens?
- Who were they before it happened?
- Who do they want to be now?
Draw yourself, standing in the rain
The First Step

Often when an individual is resistant to the first step, trauma may be present.
I am powerless……
I am powerless……
I am powerless……
I am powerless……
I am powerless……
I am powerless……
I am powerless……
I am powerless……
I am powerless……
Do you sometimes feel powerless as a clinician?

- No matter what level of care, do not fall into the trap of helplessness that trauma thrives on
  - You can’t FIX it…
  - But **You can**….
    - Ask them how they think this event (s) has affected their life
    - Educate
    - Shift away from “provider knows best”
    - Find solutions together
    - Ask them about cultural norms, religious beliefs, gender rules
What you CAN do (cont.)...

- Remember that there is a wounded child inside of them
- Tell them it wasn’t their fault
- Tell them it wasn’t their fault
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What you CAN do (cont.)...

- Give them hope
- Believe in them
- Respect their feelings
- Help connect the dots between current problems and past trauma (when appropriate)
- Collaborate
- Take the “air out of the balloons”
- If they could let go of one of the bags which one would it be?
- Give them choices of appointment times
- Give them choices of where to sit, especially if it is a restricted environment
What you CAN do (cont.)...

- Ask if they would prefer the door open or closed
- Do not promise anything you can’t deliver
- If you make a mistake- own it
- If you have to make a change in their schedule- let them know (consistency= safety)
- Show respect for their ability to survive in whatever manner they did
- Show them other options for survival
- Always thank them for sharing their experience with you
- Let them see this as the start of their rest of their life
- Plant the seed
- Take care of yourself- for you and them
Silver Threads

people in the patient’s life who believed in them and provided them positive influence and affirmation.
Final Thoughts

- Realize most children DO NOT TELL no matter how much loving support they have around them.
- Affirm that they are NOT “DAMAGED GOODS”.
- Even if the trauma survivor is angry at their perpetrator, they “should” all over themselves- assigning a level of self blame.
- Once the process of talking about their trauma has begun, they have the right to privacy, and should be empowered to choose who and when they talk about their experience.
- Clinicians should educate themselves on the best practice models of treating trauma in conjunction with SUD.
Trauma as a relapse issue

- Trauma is a relapse issue for our patients, residents, clients. It is also a relapse issue for recovering staff members. Compassion fatigue is real. Staff can be triggered, and if they are not in a healthy place to handle these triggers - they could relapse with their own mental health issues or substance use.

- Self care is of paramount importance especially when dealing with trauma on a daily basis.
I put my hand in yours because together we can do what I cannot do alone.