Treading Water; How addiction seeks to calm the waves of trauma

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What is ADDICTION?
We’ve come a long way....

**ADDICTION**

Addiction is a primary, chronic disease involving brain reward, motivation, memory and related circuitry; it can lead to relapse, progressive development, and the potential for fatality if not treated. While pathological use of alcohol and, more recently, psychoactive substances have been accepted as addictive diseases, developing brain science has set the stage for inclusion of the process addictions, including food, sex, shopping and gambling problems, in a broader definition of addiction as set forth by the American Society of Addiction Medicine in 2011. (Pubmed, 2014)
**ADDICTION**
Defined by APA 2022

- **Addiction** is a chronic disorder with biological, psychological, social and environmental factors influencing its development and maintenance. About half the risk for addiction is genetic. Genes affect the degree of reward that individuals experience when initially using a substance (e.g., drugs) or engaging in certain behaviors (e.g., gambling), as well as the way the body processes alcohol or other drugs. Heightened desire to re-experience use of the substance or behavior, potentially influenced by psychological (e.g., stress, history of trauma), social (e.g., family or friends’ use of a substance), and environmental factors (e.g., accessibility of a substance, low cost) can lead to regular use/exposure, with chronic use/exposure leading to brain changes.

- These **brain changes** include alterations in cortical (pre-frontal cortex) and sub-cortical (limbic system) regions involving the neuro-circuitry of reward, motivation, memory, impulse control and judgment. This can lead to dramatic increases in cravings for a drug or activity, as well as impairments in the ability to successfully regulate this impulse, despite the knowledge and experience of many consequences related to the addictive behavior.

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**Sexual Disorders**

**Eating Disorders**

**Financial and Work Disorders**

**Internet/ Gaming Addiction**
Trauma; Definition

Trauma is an emotional response to a terrible event like an accident, rape or natural disaster. Immediately after the event, shock and denial are typical. Longer term reactions include unpredictable emotions, flashbacks, strained relationships and even physical symptoms like headaches or nausea. While these feelings are normal, some people have difficulty moving on with their lives.

APA

Abuse/Early Trauma

• Most with addictions report some type of abuse during childhood. Teicher’s work has shown us how this abuse changes the brain and how it works forever.

Abuse/Early Trauma

• Emotional 97%
• Sexual 81%
• Physical 72%

Carnes, 2005
How does trauma and neglect affect the brain?

- If the attachment region of the brain is not properly stimulated at the critical period of development, then that region and all other regions below and above it are affected.

How Trauma Affects the Brain:

- Prefrontal Cortex: Rational thinking - regulates emotions such as fear responses from the amygdala. With PTSD, this has a reduced volume.
- Hippocampus: Responsible for memory and differentiating between past and present - works to remember and make sense of the trauma. With consistent exposure to trauma, it shrinks.
- Amygdala: Wired for survival, when active it is hard to think rationally. The more hyperactive the amygdala is, the more signs of PTSD are present.

#PSYCHOTHERAPY.CENTRAL
Treading Water: How Addiction Seeks to Calm the Waves of Trauma

Sources of Trauma:
- Sexual Abuse
- Physical Abuse
- Emotional Abuse
- Neglect
- Serious Accident
- Natural Disaster
- Assault/Rape
- Change in Family dynamic
- Moving
- War—Combat experience
- Witnessing/learning of traumatic event
- Hostage/torture
- Horrific death/loss of a loved one
- Serious surgery/medical diagnosis
- Witnessing Domestic Violence
- Drug use in home
Limitations of PTSD Diagnosis

- Conceptualized from an adult perspective
- Identified as diagnosis via Vietnam vets and adult rape victims
- Focuses on single event traumas
- Fails to recognize chronic/multiple/on-going traumas
- Is not developmentally sensitive and does not reflect the impact of trauma on brain development
- Many traumatized children do not meet full diagnostic criteria
- Does not direct clinical attention to attachment history and attachment-related injuries
What is Complex Trauma?

Exposure to multiple forms of violence and other potentially traumatic stressors in the context of attachment behavioral systems that are unable to provide protection, care, and comfort

Focus on cumulative trauma and the developmental context in which exposure occurs rather than on discrete episodes

Key Developmental Capacities Affected by Complex Trauma

- Ability to modulate, tolerate, or recover from extreme affect states
- Regulation of bodily functions
- Capacity to know emotions or bodily states
- Capacity to describe emotions or bodily states
- Capacity to perceive threat, including reading of safety and danger cues
- Capacity for self-protection
- Capacity for self-soothing
- Ability to initiate or sustain goal-directed behavior
- Coherent self, Identity
- Capacity to regulate empathic arousal
CHILDHOOD TRAUMA

... including abuse and neglect, is probably the single most important public health challenge ... a challenge that has the potential to be largely resolved by appropriate prevention and intervention (healing).

Adverse Childhood Experiences Study (ACES)*

Physical abuse by a parent
Emotional abuse by a parent
Sexual abuse by anyone
An alcohol and/or drug abuser in the household
An incarcerated household member
Domestic violence
Loss of a parent
Emotional neglect
Physical neglect
Exposure to someone who is chronically depressed, mentally ill, institutionalized, or suicidal

Felitti et al. 1998
### Traumatic Stressors

<table>
<thead>
<tr>
<th>Event</th>
<th>Percentage</th>
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</thead>
<tbody>
<tr>
<td>Sexual Abuse</td>
<td>55%</td>
</tr>
<tr>
<td>Witnessed Domestic Violence</td>
<td>39%</td>
</tr>
<tr>
<td>Physical Abuse</td>
<td>27%</td>
</tr>
<tr>
<td>Traumatic Loss</td>
<td>26%</td>
</tr>
<tr>
<td>Witnessed Physical or Sexual Abuse</td>
<td>26%</td>
</tr>
<tr>
<td>Witnessed Community Violence</td>
<td>19%</td>
</tr>
<tr>
<td>Motor Vehicle Accident</td>
<td>13%</td>
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<tr>
<td>Other Medical Trauma (other than burns)</td>
<td>12%</td>
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<tr>
<td>Victim of Extrafamilial Violent Crime</td>
<td>7%</td>
</tr>
<tr>
<td>Burns</td>
<td>7%</td>
</tr>
<tr>
<td>Fire</td>
<td>7%</td>
</tr>
<tr>
<td>Witnessed Homicide</td>
<td>5%</td>
</tr>
</tbody>
</table>

Other trauma types include dog attack, school violence, abduction, torture, witnessing serious injury, hurricane.

### Other Adverse Experiences

<table>
<thead>
<tr>
<th>Event</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Impaired Caregiver</td>
<td>54%</td>
</tr>
<tr>
<td>Neglect</td>
<td>37%</td>
</tr>
<tr>
<td>Placement in Foster Care</td>
<td>30%</td>
</tr>
<tr>
<td>Death of Significant Other (not TL)</td>
<td>26%</td>
</tr>
<tr>
<td>Unresolved Trauma History in Caregiver</td>
<td>24%</td>
</tr>
<tr>
<td>Exposure to Drug Use or Criminal Activity in Home</td>
<td>23%</td>
</tr>
<tr>
<td>Emotional Abuse</td>
<td>22%</td>
</tr>
<tr>
<td>Exposure to Prostitution or other Developmentally Inappropriate Sexual Behavior in Home</td>
<td>18%</td>
</tr>
<tr>
<td>Substitute Care (not foster care)</td>
<td>17%</td>
</tr>
<tr>
<td>Incarcerated Family Member</td>
<td>16%</td>
</tr>
<tr>
<td>Homelessness</td>
<td>7%</td>
</tr>
</tbody>
</table>

Stolbach et al., 2009

Stolbach et al., 2009
Children's Posttraumatic Reactions: Risk for Misdiagnosis and Mislabeling

- Children presenting with complex trauma-related symptoms are at risk of being misdiagnosed with a variety of disorders and functional difficulties particularly when a comprehensive assessment for complex trauma issues is not conducted!

- ADHD
- Depressive Disorders
- Oppositional Defiant Disorder
- Conduct Disorder
- Reactive Attachment Disorder
- Psychotic Disorders
- Specific Phobias
- Learning/academic difficulties
- Juvenile Delinquency
Adult’s Posttraumatic Reactions: Risk for Misdiagnosis and Mislabeling

• Adults also presenting with complex trauma-related symptoms are at risk of being misdiagnosed with a variety of disorders

• ADHD
• Depressive Disorders (66/35% ACE >4)
• Intermittent Explosive Disorder
• Borderline Personality Disorder (81% <7)
• Narcissistic Personality Disorder
• Psychotic Disorders
• Panic Disorders
• Learning difficulties
• Bipolar Disorder
• Substance Use Disorders (7x ACE>4, DA-4600% greater ACE>6)
• Eating Disorders
• Gambling, Sexual disorders, etc

Repeated shock trauma early in a person's life, such as childhood physical or sexual abuse, can contribute to character styles as well. The Diagnostic and Statistic Manual of Mental Disorders (DSM IV) recognizes this as Borderline Personality Disorder. Certainly, these interactions create negative internalized self-images that continue to affect us in future relationships with feelings of low self worth.
A Treatment Deficit

- Addiction is a disease of isolation, secrecy, and dissociation
- People with addiction use behaviors/substances to escape the discomfort of life and relationships
- Two primary treatment deficits: 
  - Oppression
  - Attachment

OPPRESSION

Unfair social power disparities resulting in a variety of harms. (Doulatova, 2022)

Oppression is social injustice perpetuated through social institutions, practices, and norms on the social group by social group. (Dwi & Harry, 2021)

A situation in which people are governed in an unfair and cruel way and prevented from having opportunities and freedom. - Cambridge dictionary

Oppression is when people reduce the potential for other people to be fully human in a dehumanizing manner, often by denying people language, education, and other opportunities that might make them become fully human in both mind and body. The five “faces” or types of oppression: violence, exploitation, marginalization, powerlessness, and cultural imperialism. (Young, 2004)
Historical trauma is trauma resulting from an ongoing and intergenerational catastrophic phenomenon experienced by an oppressed cultural group.

**Historical Trauma**

(Braveheart et al., 2011; Grayshield et al., 2015).

**Unexpected Finding; Externalized Rage**

- Domestic violence by husbands, in-laws, and parents
- Animal sacrifices
- Gender and caste discrimination
- Violence aimed at boksharu
- Traditional healers beating away evil spirits
- Festival portrayals of death and demons
Rage of Oppression

• Similar to Black Rage identified in the United States.

• Stout (2021) proposed that the internalization of rage leads to depression, substance use, suicide, and other self-destructive behaviors, while externalization of rage leads to violence.

• Both were found in the current study of the Newar.

(Stout 2021)

PTSD and Race

[Lee, Chin, et al., 2023]

- Of White, Black, Hispanic, and Asian individuals, Black individuals had an 8.7% lifetime prevalence rate of posttraumatic stress disorder (PTSD), the highest compared to other groups.

- Cultural limitations of PTSD as a diagnosis contribute to the high pervasiveness of violence experienced within Black communities as related to the imbalanced prevalence of PTSD.

- Homicide is a leading cause of death for Black males aged 15-19 (52.6%), 20-24 (47%), and 25-34 (32.7%).

- For every Black male death, there are four others hospitalized for gunshot injuries.

- Homicide is the second leading cause of death for Black females aged 1-4 (11.3%), 5-9 (11.7%), 15-19 (21.4%), and 20-24 (19.3%).

- Black individuals, who make up 13.2% of the US population, represent 23.8% of impoverished communities, having the highest rate, 18.1%, of poverty as compared to their racial counterparts.
Racism Today

(Affirmative Action)
Employment Practices
Education Deficiencies
Incarcerations
Death Penalty
Police Brutality
(Critical Race Theory)
Erasure
Whitewashing

Diagnosis of Anger-related Disorders
Conduct Disorder - 43.3% Latino, 34.4% African American, and 24.4% White American (Mizock & Harkins, 2011)
Schizophrenia
ADHD
OCD
Bipolar
Intermittent Explosive Disorder
*More often hospitalized

Micro-Aggressions

Implicit bias
“Us” and “Them”
Not using preferred pronouns
Reference to “bad” neighborhoods
Diet tips to an obese person
Racial or sexist jokes
Downplaying the impact of racism, sexism...
Pay gaps
Book bans

Language:
Blacklist
Man up
That’s so gay
Peanut gallery
He’s/ They’re so sensitive
Sweetheart
I’m not racist, but....
*Not responding to micro-aggressions
Black Rage & Slave Trauma Syndrome

The symptoms of PTSS are similar to PTSD (e.g., angry outbursts, difficulty concentrating, and hypervigilance), and were likely exhibited by survivors of slavery (Degruy, 2001)

KEY PATTERNS OF BEHAVIOR REFLECTIVE OF P.T.S.S.

Vacant Esteem
Insufficient development of what Dr. DeGruy refers to as primary esteem, along with feelings of hopelessness, depression and a general self-destructive outlook.

Marked Propensity for Anger and Violence
Extreme feelings of suspicion perceived negative motivations of others. Violence against self, property, and others, including the members of one’s own group, i.e. friends, relatives, or acquaintances.

Racist Socialization/Internalized Racism
Learned helplessness, literacy deprivation, distorted self-concept, antipathy or aversion for the following:
- The members of one’s own identified cultural/ethnic group
- The mores and customs associated ones own identified cultural/ethnic heritage
- The physical characteristics of ones own identified cultural/ethnic group
Race-based Traumatic Stress Injury (RBTSI) (Lee, Chin, et al., 2023)

RBTSI is defined by Carter (2007) as the threat of or actual “physical and emotional pain that results from racism in the forms of racial harassment (hostility), racial discrimination (avoidance), or discriminatory harassment (aversive hostility)” (p. 88).

The physical, emotional, psychological, and spiritual impact an individual endures after their safety and sense of self has been threatened due to racism.

Symptoms of RBTSI have been likened to those experienced by survivors of domestic violence and sexual assault to include rage, depression, devaluation of the self, alcohol use, and health complications.

Carter (2007) recognized RBTSI as a result of the historical oppression, or trauma, that has been perpetuated by distorted beliefs about people of color.
What is Attachment?

Attachment is the emotional bond that forms between infant and caregiver, and it is the means by which the helpless infant gets primary needs met. It then becomes an engine of subsequent social, emotional, and cognitive development. The early social experience of the infant stimulates growth of the brain and can have an enduring influence on the ability to form stable relationships with others.

Still Face Experiment

https://www.youtube.com/watch?v=YTTSXc6sARg
Still Face Experiment

The baby very quickly picks up on this,

they react with negative emotions, they turn away,

because of the stress that they are experiencing.
Causes of Insecure Attachment

- **Physical neglect** — poor nutrition, insufficient exercise, and neglect of medical issues
- **Emotional neglect or emotional abuse** — little attention paid to child, little or no effort to understand child's feelings; verbal abuse
- **Physical or sexual abuse** — physical injury or violation
- **Separation from primary caregiver** — due to illness, death, divorce, adoption
- **Inconsistency in primary caregiver** — succession of nannies or staff at daycare centers
- **Frequent moves or placements** — constantly changing environment; for example: children who spend their early years in orphanages or who move from foster home to foster home
- **Traumatic experiences** — serious illnesses or accidents
- **Maternal depression** — withdrawal from maternal role due to isolation, lack of social support, hormonal problems
- **Maternal addiction to alcohol or other drugs** — maternal responsiveness reduced by mind-altering substances
- **Young or inexperienced mother** — lacks parenting skills

Attachment Issues

<table>
<thead>
<tr>
<th>Attachment Style</th>
<th>Parental Style</th>
<th>Resulting Adult Characteristics</th>
</tr>
</thead>
<tbody>
<tr>
<td>Secure</td>
<td>Aligned with the child; in tune with the child's emotions</td>
<td>Able to create meaningful relationships; empathetic; able to set appropriate boundaries</td>
</tr>
<tr>
<td>Dismissive/Avoidant</td>
<td>Unavailable or rejecting</td>
<td>Avoids closeness or emotional connection; distant; critical; rigid; intolerant</td>
</tr>
<tr>
<td>Anxious/Ambivalent</td>
<td>Inconsistent and sometimes intrusive parent communication</td>
<td>Anxious and insecure; controlling; blaming; erratic; unpredictable; sometimes charming</td>
</tr>
<tr>
<td>Disorganized/Fearful-Avoidant</td>
<td>Ignored or didn't see child's needs; parental behavior was frightening/traumatizing</td>
<td>Chaotic; insensitive; explosive; abusive; untrusting even while craving security</td>
</tr>
<tr>
<td>Reactive</td>
<td>Extremely unattached or malfunctioning</td>
<td>Cannot establish positive relationships; often misdiagnosed</td>
</tr>
</tbody>
</table>
USA; Trauma and Stressor-Related Disorders

- 1. Posttraumatic Stress Disorder
- 2. Acute Stress Disorder
- 3. Adjustment Disorders
- 4. Reactive Attachment Disorder
- 5. Disinhibited Social Engagement Disorder
- 6. Other Specified Trauma- and Stressor-Related Disorder
- 7. Unspecified Trauma- and Stressor-Related Disorder
- Persistent Complex Bereavement Disorder (proposed for Section III, a section describing conditions that need more research)
Attachment & Relational Deficits

- Difficult to re-direct, reject support
- Highly emotionally reactive
- Hold on to grievances
- Do not take responsibility for behavior
- Make the same mistakes over and over
- Repetition compulsion / traumatic re-enactment

(Hodas, 2004)

Trauma and Intimacy-Blocking Cognitions

- Victims develop a world view as rejecting
- "Other people will not care for me"
- "I will never be loved."
- They organize their relationships around victimization or abandonment.

- Develop negative self-concepts
- "Others will not meet my needs"
- "I do not deserve to be loved for who I am."
- Their narratives direct their behavior and choices.
Addiction is a disease of isolation, secrecy, and dissociation. Addicts use behaviors/substances to escape the discomfort of life and relationships.

We Are Designed To Be Relational

- Intimacy is an authentic connection to ourselves and others
- Intimate connectedness is our birthright and optimal state.
- The "cure" for addiction and emotional problems is intimacy.
- Attachment need is an innate and primary need aimed at survival.
**Intimacy**

- The experience of being fully seen
- Being emotionally naked with another person
- Risking the vulnerability of complete sharing
- Taking personal responsibility for the impact of your actions on others
- Empathy and compassion
- Honesty and trust
- Ability to connect without distractions
- Feeling of safety and security in relationships
- Both listen to others’ opinions and feel free to share your own opinions, feelings, and beliefs

**ADDITION and ATTACHMENT**

- An attempt at self-repair that ultimately fails
- Addiction further prevents repair by creating isolation and emotional dysregulation
- Without mutually satisfying relationships, a cycle of relapse continues
70% adolescents with substance use disorders had history of trauma (Khoury, et al., 2010)

Studies have shown two-thirds of addicted people having previously experienced some type of physical or sexual traumatic experiences during childhood (NIDA, Archives)

Trauma increases the already high comorbidity (upward of 50%) between mental health and substance use diagnoses (Karl, 2021)

Neglect found as a primary cause for smartphone addiction among teens in Korea (Kway, et al., 2018)
Healing Attachment Wounds

12-STEP PROGRAMS!
Any Opportunity for Healthy Connections

- Spiritual group (NOT religion as recovery)
- Yoga
- Exercise class/ sports
- Dance class
- Hobbies (right brain and social)
- Cooking or baking class/ Any class
- Volunteer opportunities (homeless shelter, special Olympics, theater, animal shelter)
- Travel groups
- Artistic groups (Artist’s Way)
- NOT dating sites, pool tournaments, etc...
And, of course...

Therapeutic Environment

- Set up calm and nurturing environments
- Create inclusive environments
- Teach staff to meticulously observe for ‘triggers’ – when someone is beginning to move from a calm, continuous state to a discreet state of emergency
- Train to caring and compassion
- Meticulously interview for triggers
- Adjust the environment
- Adjust what we do (i.e., look at ourselves and our behaviors and actions as the key for success)
Addressing Trauma in Addictions Treatment

Cultural Humility

The concept of cultural humility was developed by Melanie Tervalon and Jann Murray-Garcia in 1998 to address inequities in the healthcare field. It is now used in many fields, including education, public health, social work to increase the quality of interactions between workers and their diverse community members. Cultural humility goes beyond the concept of cultural competence to include:

1. A personal lifelong commitment to self-evaluation and self-critique
2. Recognition of power dynamics and imbalances, a desire to fix those power imbalances and to develop partnerships with people and groups who advocate for others

“To be culturally humble means that I am willing to learn,”
- Joe Gallagher
Arousal

- Feelings education and expression exercises
- Mindful breathing
- Relaxation techniques – Progressive muscle relaxation, Body scanning
- Transition planning from work to home
- Boundary development
- Strategies to manage boredom/withdrawal
- Adaptive healthy high energy activities
- Treat anxiety

Dissociation/Avoidance

- Frequent reality testing
- Three-second rule
- Fantasy contamination
- Empathy building exercises (use partner)
- Values identification and development
- Ego strength building
- Role Play/ Psychodrama
- Parts therapy; Internal Family Systems (IFS)
Numbing

- Feelings education and expression exercises
- Treat depressive symptoms
- Treat anxiety
- Encourage safe social experiences
- Assertiveness skills
- Communication skills
- Express anger in healthy ways
- Address avoidance and isolation
- Karpman triangle

Deprivation

- Assertiveness skills
- Perfectionism contamination
- Boundary practice
- Exercises to identify needs and wants
- Healthy play/ fun
- Karpman triangle
<table>
<thead>
<tr>
<th>Focusing on Trauma</th>
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<tbody>
<tr>
<td>CBT</td>
</tr>
<tr>
<td>DBT</td>
</tr>
<tr>
<td>EMDR</td>
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<tr>
<td>Individual and Group Counseling</td>
</tr>
<tr>
<td>Couples Counseling (EFT, Imago, Gottman)</td>
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<tr>
<td>Refer to specializing therapists</td>
</tr>
<tr>
<td>12-step groups</td>
</tr>
<tr>
<td>Psychodrama</td>
</tr>
<tr>
<td>Trauma Egg</td>
</tr>
<tr>
<td>Letter to Caregivers</td>
</tr>
<tr>
<td>Letter to “Little Me” and/or parts</td>
</tr>
</tbody>
</table>

**RECOVERY**

Requires Left and Right Brain
12 step groups
Maintain Safety
Therapeutic relationship
Emotional Stabilization
Angel Egg
Grief work
Sponsor/home group
Spirituality
Finding meaning in the trauma
Life purpose
The Angel Egg

Introduction
Trauma researchers have long recognized the importance of bonding as part of resilience. For example, siblings coming from the same abusive environment with identical experiences may show tremendous differences in resilience. The leading difference has consistently been shown that the more resilient ones somehow had access to people they knew cared about them.

Definition of an ‘Angel’
There are those desperate and difficult moments in your life when someone has shown up to help you. This person is your “angel”.

Directions
It is important to remember the “angels” in our lives. One way to do this is creating an angel “egg”.

As in your trauma egg, draw small symbols of each angel. Think of as many as you can, starting with your earliest one.

What do you notice that these angels in have in common?
Think of what they said about you that was positive and meaningful.
Are there any common threads in how your various angles perceived you?
What conclusions can you make about yourself based on their help?
What made them want to help you? List your self conclusions.

Therapeutic Interventions for Oppression

Genogram
Ecogram
Body Mapping
Body work- Yoga, Somatic experiencing
Health – Nutrition and Exercise
Strengths-based therapies
Creative art therapy to convey experiences
Encourage positive social experiences
Resources


The most beautiful people we have known are those who have known defeat, known suffering, known struggle, known loss, and have found their way out of the depths.”

—Elisabeth Kübler-Ross, Psychiatrist & Author