EFFECTIVELY ADDRESSING CO-OCCURRING ADDICTION & PTS/D
TRAUMA DEFINED

Exposure to actual or threatened death, serious injury, or sexual violence in one or more of the following ways:

- Directly experiencing;
- Directly witnessing;
- Learning that traumatic event(s) occurred to a loved one;
- Repeated/extreme exposure to aversive details of traumatic events.
TRAUMATIC EVENTS
INCLUDE:

• War, battles, combat (*death, explosions, gunfire...*)
• Natural disasters (*floods, tornados, fires...*)
• Catastrophe (*harmful/fatal accidents, terrorism*)
• Violent attack (*animal attack, assault with or without a weapon, battery and domestic violence, rape, threats of bodily harm with or without a weapon*)
• Abuse (*physical, sexual, mental and/or verbal*)
• Directly or indirectly witnessing any of the above
THE ACE STUDY

• ACE = Adverse Childhood Experiences
• http://www.acestudy.org/
• Studied the relationship between multiple categories of childhood trauma (ACEs), and health and behavioral outcomes later in life
• Largest study of its kind (17,421 subjects)
### Adverse Childhood Experiences (ACES) Are Common

<table>
<thead>
<tr>
<th>Household dysfunction:</th>
<th>Neglect:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Substance abuse</td>
<td>Emotional 15%</td>
</tr>
<tr>
<td>Parental sep/divorce</td>
<td>Physical 10%</td>
</tr>
<tr>
<td>Mental illness</td>
<td>Abuse:</td>
</tr>
<tr>
<td>Battered mother</td>
<td>Psychological 11%</td>
</tr>
<tr>
<td>Criminal behavior</td>
<td>Physical 28%</td>
</tr>
<tr>
<td></td>
<td>Sexual 21%</td>
</tr>
</tbody>
</table>

- **Psychological**: 11%
- **Physical**: 28%
- **Sexual**: 21%
WHAT ARE CONSIDERED ACES?

1. Recurrent physical abuse
2. Recurrent emotional abuse
3. Contact sexual abuse
4. Lack of adequate love or support
5. An alcohol and/or drug abuser in the household
6. Household member chronically depressed, mentally ill, institutionalized, or suicidal
7. Mother treated violently
8. One or no parents
9. Emotional or physical neglect
10. Incarcerated family member
Childhood trauma isn’t something you just get over as you grow up. Pediatrician Nadine Burke Harris explains that the repeated stress of abuse, neglect, and parents struggling with mental health or substance abuse issues has real, tangible effects on the development of the brain.

https://www.youtube.com/watch?v=95ovlJ3dsNk
HOW DO PEOPLE REACT TO TRAUMA?

- **PTSD: Posttraumatic Stress Disorder** – now characterized (DSM-5) by four clusters of symptoms...
  1. INTRUSIVE symptoms
  2. AVOIDANCE symptoms
  3. NEGATIVE COGNITIVE/MOOD ALTERATIONS
  4. AROUSAL/REACTIVITY symptoms

From “Anxiety Disorder” to “Trauma- and Stressor-Related Disorder”
1. Repeated, disturbing, and unwanted memories of the stressful experience?
2. Repeated, disturbing dreams of the stressful experience?
3. Suddenly feeling or acting as if the stressful experience were actually happening again (as if you were actually back there reliving it?)
4. Feeling very upset when something reminded you of the stressful experience?
5. Having strong physical reactions when something reminded you of the stressful experience (for example, heart pounding, trouble breathing, sweating)?
6. Avoiding memories, thoughts, or feelings related to the stressful experience?

7. Avoiding external reminders of the stressful experience (for example, people, places, conversations, activities, objects, or situations)?
8. Trouble remembering important parts of the stressful experience?

9. Having strong negative beliefs about yourself, other people, or the world (for example, having thoughts such as: I am bad, there is something seriously wrong with me, no one can be trusted, the world is completely dangerous)?

10. Blaming yourself or someone else for the stressful experience or what happened after it?

11. Having strong negative feelings such as fear, horror, anger, guilt, or shame?

12. Loss of interest in activities that you used to enjoy?

13. Feeling distant or cut off from other people?

14. Trouble experiencing positive feelings (for example, being unable to feel happiness or have loving feelings for people close to you)?
15. Irritable behavior, angry outbursts, or acting aggressively?
16. Taking too many risks or doing things that could cause you harm?
17. Being “superalert” or watchful or on guard?
18. Feeling jumpy or easily startled?
19. Having difficulty concentrating?
20. Trouble falling or staying asleep?
PCL-5 SCORING
(PAST MONTH, ALSO EVALUATE IMPACT ON LEVEL OF FUNCTIONING)

For each item:
• Not at all = 0;
• A little bit = 1;
• Moderately = 2;
• Quite a bit = 3;
• Extremely = 4.

A provisional PTSD diagnosis can be made iff the following >2
• 1 Intrusive symptom (q 1-5),
• 1 Avoidant (q 6-7),
• 2 Cognitive/Affective (q 8-14),
• 2 Arousal (q 15-20).

Preliminary validation work is sufficient to make initial cut-point suggestions, but may be subject to change. A **PCL-5 cut-point of 33 appears to be a reasonable value to propose until further psychometric work is available.**
ACE Score and Adult Alcoholism

<table>
<thead>
<tr>
<th>ACE Score</th>
<th>Percent struggling with alcoholism</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>1</td>
<td>5.5</td>
</tr>
<tr>
<td>2</td>
<td>10</td>
</tr>
<tr>
<td>3</td>
<td>11.5</td>
</tr>
<tr>
<td>4+</td>
<td>16</td>
</tr>
</tbody>
</table>
ACE Scores Predict Drug Abuse

ACE Score
- 0
- 1
- 2
- 3
- 4
- >=5

Percent With Health Problem (%)

Ever had a drug problem

Ever addicted to drugs

Ever injected drugs

Ever addicted to drugs

CDC - Centers for Disease Control and Prevention
Men and Women with ACE scores $\Rightarrow 4$ are more than 3 times more likely to have depression than those with an ACE score of 0.
Childhood Experiences Underlie Suicide Attempts

% Attempting Suicide

ACE Score

0 1 2 3 4+
ACE Scores and Rates of Antidepressant Prescriptions approximately 50 years later

Prescription rate (per 100 person-years)

ACE Score

0  1  2  3  4  5≥

32.8  50.1  65  73.2  97  99.5
ACE Scores and Rates of Antipsychotic Prescriptions

<table>
<thead>
<tr>
<th>ACE Score</th>
<th>Prescription Rate (per 100 person-years)</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>1.9</td>
</tr>
<tr>
<td>1</td>
<td>3.6</td>
</tr>
<tr>
<td>2</td>
<td>2.3</td>
</tr>
<tr>
<td>3</td>
<td>4.9</td>
</tr>
<tr>
<td>4</td>
<td>10.1</td>
</tr>
<tr>
<td>5+</td>
<td>10.2</td>
</tr>
</tbody>
</table>
ACE Scores and Rates of Anxiolytic Prescriptions

Prescription rate (per 100 person-years)

ACE Score

0 1 2 3 4 5≥
No ACEs
33%

- With 0 ACEs, 1 in 16 smokes, 1 in 14 has heart disease
- 1 in 69 is alcoholic; 1 in 480 uses IV drugs
- 1 in 96 has attempted suicide

1-3 ACEs
51%

- With 3 ACEs, 1 in 9 smokes, 1 in 7 heart disease
- 1 in 9 is alcoholic, 1 in 43 uses IV drugs
- 1 in 10 has attempted suicide

4-10 ACEs
16%

- With 7+ ACEs, 1 in 6 smokes, 1 in 6 has heart disease
- 1 in 6 is alcoholic, 1 in 30 uses IV drugs
- 1 in 5 has attempted suicide
OTHER FINDINGS OF THE ACE STUDY

• **ACE score of 6 and higher** – an almost 20-year shortening of lifespan.

• **ACE score of 4** – 260% more likely to have Chronic Obstructive Pulmonary Disorder (COPD) than a person with an ACE Score of 0.

• **ACE score of at least 7** – increased the likelihood of childhood/adolescent suicide attempts 51-fold and adult suicide attempts 30-fold.

• **ACE scores of 4 or higher** – increases the chance of having self-acknowledged alcoholism as an adult by 500% (with a history of parental alcoholism).

• **ACE scores of 4 or more** – 12 times more likely to have attempted suicide, 7 times more likely to be alcoholic, and 10 times more likely to have injected street drugs.
Adoption of Health-risk Behaviors

Social, Emotional, & Cognitive Impairment

Adverse Childhood Experiences

Disease, Disability and Social Problems

Early Death

Death

Conception
In multiple national studies a high percentage of individuals presenting for addictions treatment were found to meet criteria for a co-occurring PTSD diagnosis (Najavits, 2002).

Studies from the ‘90s found 12%-59% co-prevalence;

More recent studies found even higher co-prevalence rates.

Higher percentages for females than for males.
• At Foundations Detroit, of all patients presenting for outpatient treatment, the following findings occurred:
  
  • **Average overall incoming PCL-5 score of 31**
    • Female average score = 42
    • Male average score = 21
  
  • **71% of female patients** scored above the PTSD cutoff threshold;
  • **21% of male patients** scored above the PTSD cutoff threshold.
TRAUMA-SPECIFIC TREATMENT MODELS

• Seeking Safety
• Trauma Recovery and Empowerment Model (TREM, M-TREM, G-TREM)
• Cognitive Behavioral Therapies (CBT/CPT)
• Prolonged Exposure Therapy (PET)
• Eye Movement Desensitization and Reprocessing (EMDR)
TRAUMA-SPECIFIC

Phase I
- TREM
- Seeking Safety

EMDR

Phase II
- CBT/CPT
- PET
Empowerment

1. Introductory Session
2. What It Means to Be a Woman
3. What Do You Know and How Do You Feel About Your Body?
4. Physical Boundaries
5. Emotional Boundaries: Setting Limits and Asking for What You Want
6. Self-Esteem
7. Developing Ways to Feel Better: Self-Soothing
8. Intimacy and Trust
9. Female Sexuality
10. Sex with a Partner
11. Transition Session from Empowerment to Trauma Recovery

Seeking Safety

1. Introduction
2. Safety
3. PTSD: Taking Back Your Power
4. Detaching from Emotional Pain
5. When Substances Control You
6. Asking for Help
7. Taking Good Care of Yourself
8. Compassion
9. Red and Green Flags
10. Honesty
11. Recovery Thinking
12. Integrating the Split Self
13. Commitment

TREM: Part 1

(Maxine Harris & Roger Fallot; Community Connections, Washington DC)

Seeking Safety

(Lisa Najavits)
TREM: Part 2
(Maxine Harris & Roger Fallot; Community Connections, Washington DC)

Trauma Recovery

12. Gaining an Understanding of Trauma
13. The Body Remembers What the Mind Forgets
14. What Is Physical Abuse?
15. What Is Sexual Abuse?
16. Physical Safety
17. What Is Emotional Abuse?
18. Institutional Abuse
19. Abuse and Psychological or Emotional Symptoms
20. Trauma and Addictive or Compulsive Behavior
21. Abuse and Relationships

Seeking Safety
(Lisa Najavits)

14. Creating Meaning
15. Community Resources
16. Setting Boundaries in Relationships
17. Discovery
18. Getting Others to Support Your Recovery
19. Coping with Triggers
20. Respecting Your Time
21. Healthy Relationships
22. Self-Nurturing
23. Healing from Anger
24. The Life Choices Game (Review)
25. Termination
TREM: Parts 3 & 4
(Maxine Harris & Roger Fallot; Community Connections, Washington DC)

Advanced Trauma Recovery Issues

22. Family: Myths and Distortions
23. Family Life: Current
24. Decision Making: Trusting Your Judgment
25. Communication: Making Yourself Understood
26. Self-Destructive Behaviors
27. Blame, Acceptance, and Forgiveness
28. Feeling Out of Control
29. Relationships
30. Personal Healing

Closing Rituals

31. Truths and Myths About Abuse
32. What It Means to Be a Woman
33. Closing Ritual
TRAUMA-SPECIFIC – PHASE 2

E.M.D.R.

E.M.D.R.

- Eye Movement Desensitization and Reprocessing (EMDR) is a one-on-one form of psychotherapy that is designed to reduce trauma-related stress, anxiety, and depression symptoms associated with posttraumatic stress disorder (PTSD) and to improve overall mental health functioning.
- The target traumatic memory for the treatment session is accessed with attention to image, negative belief, and body sensations.
E.M.D.R.

• Repetitive 30-second dual-attention exercises are conducted in which the client attends to a motor task while focusing on the target traumatic memory and then on any related negative thoughts, associations, and body sensations.

• The most common motor task used in EMDR is side-to-side eye movements that follow the therapist's finger; however, alternating hand tapping or auditory tones delivered through headphones can be used.
CBT/CPT FOR TRAUMA

• CBT Distinctives
  1. Cognitive-Behavioral Model
  2. Behavior Chain Analysis
  3. Skill-building

CBT: THE COGNITIVE-BEHAVIORAL MODEL

Neutral stimulus

Attached meaning

Emotional response

Behavioral disposition
RECOVERY CHAIN ANALYSIS

VULNERABILITY FACTORS: Spiritual health, Genetic predisposition; Relational health; Sleep hygiene; Nutrition, Hydration; Exercise; Recreation; Self-soothing; etc.

TRIGGER: Frequently associated with strong negative emotion, such as shame, anger, fear, envy, etc.

COGNITIVE & BEHAVIORAL CASCADE: Thoughts & behaviors that, left unchecked, typically lead to the maladaptive target behavior;

TARGET BEHAVIOR: The maladaptive behavior that is the focus for reducing or eliminating;

NEGATIVE CONSEQUENCES & SECONDARY GAINS: Pros & cons of continuing the maladaptive target behavior;
PROLONGED EXPOSURE THERAPY

A theoretically-based and highly efficacious treatment for chronic PTSD and related depression, anxiety, and anger;

Empirically validated with more than 20 years of research supporting its use;
A flexible therapy that can be modified to fit the needs of individual clients;

Specifically designed to help clients process traumatic events and reduce trauma-induced psychological disturbances;

A treatment that produces clinically significant improvement in about 80% of patients with chronic PTSD.
PROLONGED EXPOSURE THERAPY FOR PTSD

**PE has three components:**

1) Psychoeducation about common reactions to trauma and the cause of chronic post-trauma difficulties,

2) Imaginal exposure (also called revisiting the trauma memory in imagination), repeated recounting of the traumatic memory, and

3) In vivo exposure, gradually approaching trauma reminders (e.g., situations, objects) that are feared and avoided despite being safe.
TREATMENT FOR CO-OCCURRING PTSD IS EFFECTIVE ...

Recovery from Co-occurring Posttraumatic Stress Disorder (PTSD)

Reduction in PTSD Symptoms

PTSD cutoff (33+)
RESOURCES ON THE INTERNET

- Community Connections/TREM website
- Seeking Safety website
  - http://www.seekingsafety.org/
- Prolonged Exposure information
  - http://www.med.upenn.edu/ctsa/workshops_pet.html
- E.M.D.R. websites
- SAMHSA’s National Registry of Evidence-based Programs and Practices (NREPP)
  - http://www.nrepp.samhsa.gov/
On the RESOURCES page, there are several links under the heading SUPPORTING TRAUMA RECOVERY, including:

- **Helping Yourself Heal: A Recovering Man's Guide to Coping with the Effects of Childhood Abuse** - (2006, 12 pages)
- **Enhancing Substance Abuse Recovery Through Integrated Trauma Treatment** - (2004; 13 pages)
- **Helping Yourself Heal: A Recovering Women's Guide to Coping with Childhood Abuse Issues** - (2003; 8 pages)
- **Substance Abuse Treatment for Persons with Child Abuse and Neglect Issues** - TIP 36 - (2000, on-line publication)
- **Trauma-Informed Care in Behavioral Health Services** – TIP 57


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