

Trauma and Substance Use: A Complex Relationship

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Objectives

Identify how trauma is a risk factor for substance abuse.

Identify how substance abuse is a risk factor for trauma.

Identify treatment strategies for the co-occurrence of trauma and substance abuse.

Past views of mental illness and/or addiction

- Weak
- Bad
- A failure
- A character flaw
- Lacking in morals
- Lacking will power
- Personality or character issue
- Dangerous
- Hopeless
- Criminal

SAMHSA

83% of all clients who are receiving treatment for a substance use disorder also have another diagnosable mental health disorder.

Clients with a mental health disorder, 25 to 50%, also currently have or had a substance use disorder at some point in their lives.

Statistics/Research

- According to SAMHSA, about 17.5 million people in America over the age of 18 (or 8% of the adult population) had some sort of a serious mental health disorder in the past year. Out of these 17.5 million people, 4 million struggled with a co-occurring drug or substance use.
- PTSD affects around 3.5% of the US population, approximately 8 million Americans in a given year.
- Substance Use Disorder affects approximately 20 million Americans.
- Research indicates that 46.4% of individuals with lifetime PTSD, also met criteria for Substance Use Disorder.

Most of us will experience
some form of trauma in our life.

Two Major Questions

How do we identify and diagnose these conditions?

How do we provide treatment,
so that patients can recover?

Mental Health Disorder (MHD):

• Significant and chronic disturbances with “feelings, thinking, functioning and/or relationships that are not due to drug or alcohol use and are not the result of a medical illness.

- Bipolar Disorder
- Major Depressive Disorder
- Schizophrenia
- Personality Disorders
- Anxiety Disorders
 - Social phobia
 - Obsessive-compulsive disorder
 - **Posttraumatic stress disorder**

Posttraumatic Stress Disorder (PTSD)

- **Trauma**
- **Intrusion**
- **Avoidance**
- **Negative alterations in cognitions and mood**
- **Marked alterations in arousal and reactivity**

Posttraumatic Stress Disorder (PTSD)

Trauma

- Direct exposure
- As a witness
- Learning that it happened to someone else
- Exposure to aversive details

Posttraumatic Stress Disorder (PTSD)

- **Intrusion (a re-experience)**
 - **Distressing memories**
 - **Nightmares**
 - **Flashbacks**
 - **Intense psychological distress**
 - **Physiological reactions**

Posttraumatic Stress Disorder (PTSD)

- **Avoidance**
 - **Avoid thinking or talking about it**
 - **Avoid external reminders**
 - **Inability to remember important parts of the trauma**
 - **Inability to experience positive emotions**

Posttraumatic Stress Disorder (PTSD)

- **Cognitions and Mood (negative alterations)**
 - **Persistent blame of self or others**
 - **Negative emotional state**
 - **Diminished interests and participation**
 - **Detachment and estrangement from others**
 - **Negative beliefs/expectations**

Posttraumatic Stress Disorder (PTSD)

- **Arousal in reactivity**
 - **Angry outburst and irritable behavior**
 - **Reckless or self-destructive behavior**
 - **Hypervigilance**
 - **Exaggerated startle response**

PTSD in Summary

PTSD is the most common psychiatric disorder to occur following a traumatic event.

- **Intrusion/re-experiencing:** intrusive memories, nightmares, flashbacks, physiologic reactivity when exposed to reminders.
- **Avoidance:** trauma-related thoughts/feelings, people/places/activities that serve as reminders
- **Negative alterations in cognitions and mood:** negative thoughts about self and world, self blame, decreased interest in activities and decreased positive affect.
- **Alterations in arousal and reactivity:** irritability/aggression/hypervigilance, exaggerated startle response, difficulty concentrating or sleeping.

Complex PTSD

- High levels of comorbidity (depression, anxiety, borderline personality traits, SUD)
- Complex PTSD = PTSD +
 - Difficulties associated with affect regulation
 - Persistent negative beliefs about oneself
 - Disturbances in interpersonal relationships

Consequences of trauma exposure

- Traumatic events are often defining, life changing moments, regardless of whether a person goes on to develop PTSD or any other trauma-related disorder.
- Whether it be a one-off event or more prolonged, trauma can shape or redefine a person's view about:
 - Themselves (belief system)
 - The world around them (i.e., world is not safe)
 - How they relate to it (i.e., people cannot be trusted)

Adverse Childhood Experiences (ACEs)

- ACEs associated with:
 - Increased rates of alcohol abuse and illicit drug use;
 - Earlier age of onset of illicit drug use,
 - Poorer mental health and attempted suicide.

Risk of occurrence and severity of each outcome increased with the number of adverse events experienced (e.g., for each additional event experienced, the odds of developing an illicit problem increases by 30-40%).

Substance Use Disorder:

1. Taking the substance in larger amounts or for longer period of time than you meant to.
2. Wanted to cut down or stop using the substance but not managing to.
3. Spending a lot of time getting, using, or recovering from use of the substance.
4. Had cravings and urges to use the substance.
5. Unable to manage to do what you should at work, home or school, because of substance use.
6. Continued to use, even when it causes problems in relationships.
7. Gave up important social, occupational or recreational activities because of substance use.
8. Using substances again and again, even when it puts you in danger.
9. Continued to use even when you knew you have a physical or psychological problem that could have been caused or made worse by the substance.
10. Needed more of the substance to get the effect you want (tolerance).
11. Developed withdrawal symptoms, which can be relieved by taking more of the substance.

Co-occurring Risks with Substance Use

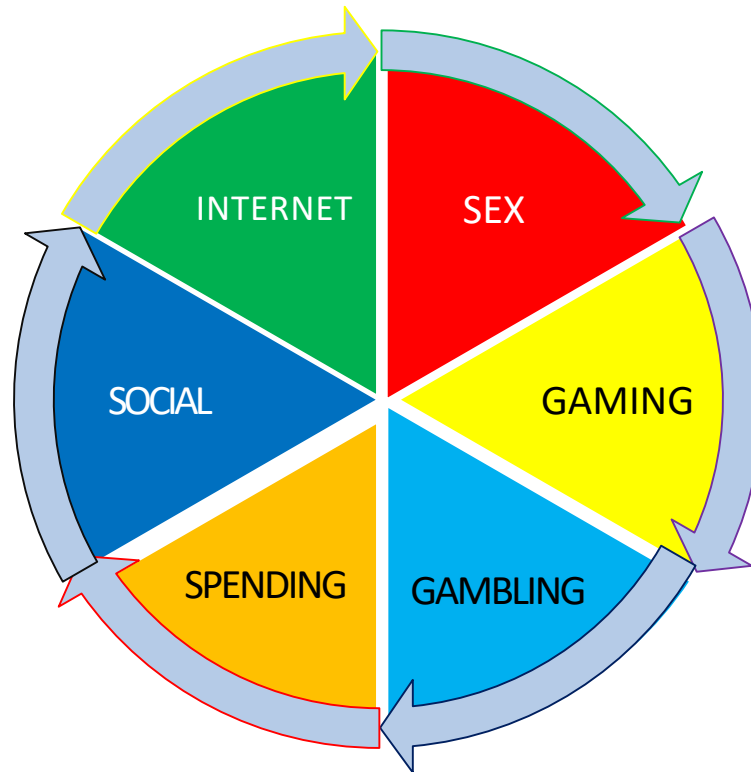
- Family history: Having a first-degree relative (e.g., parent or sibling) who has a substance use disorder will increase a person's risk to develop a substance use disorder.
- Lack of social support: Having a lack of family support or perceiving that one does not have a supportive environment increases the risk of developing a substance use disorder.
- Peer associations: Peer pressure is often a significant factor in drug abuse, particularly in adolescents and young adults.
- A history of trauma or abuse: Having a childhood history of emotional trauma or abuse of any type, is a risk factor for the development of a substance use disorder.
- Having a diagnosis of a mental health disorder: Individuals diagnosed with any mental health disorder have a higher risk of developing a substance use disorder.

What does ASAM say about Addiction?

Addiction is a primary, chronic disease of brain reward, motivation, memory and related circuitry.

Dysfunction in these circuits leads to characteristic biological, psychological, social and spiritual manifestations. This is reflected in an individual pathologically pursuing reward and/or relief by substance use and other behaviors.

Behavioral Addictions



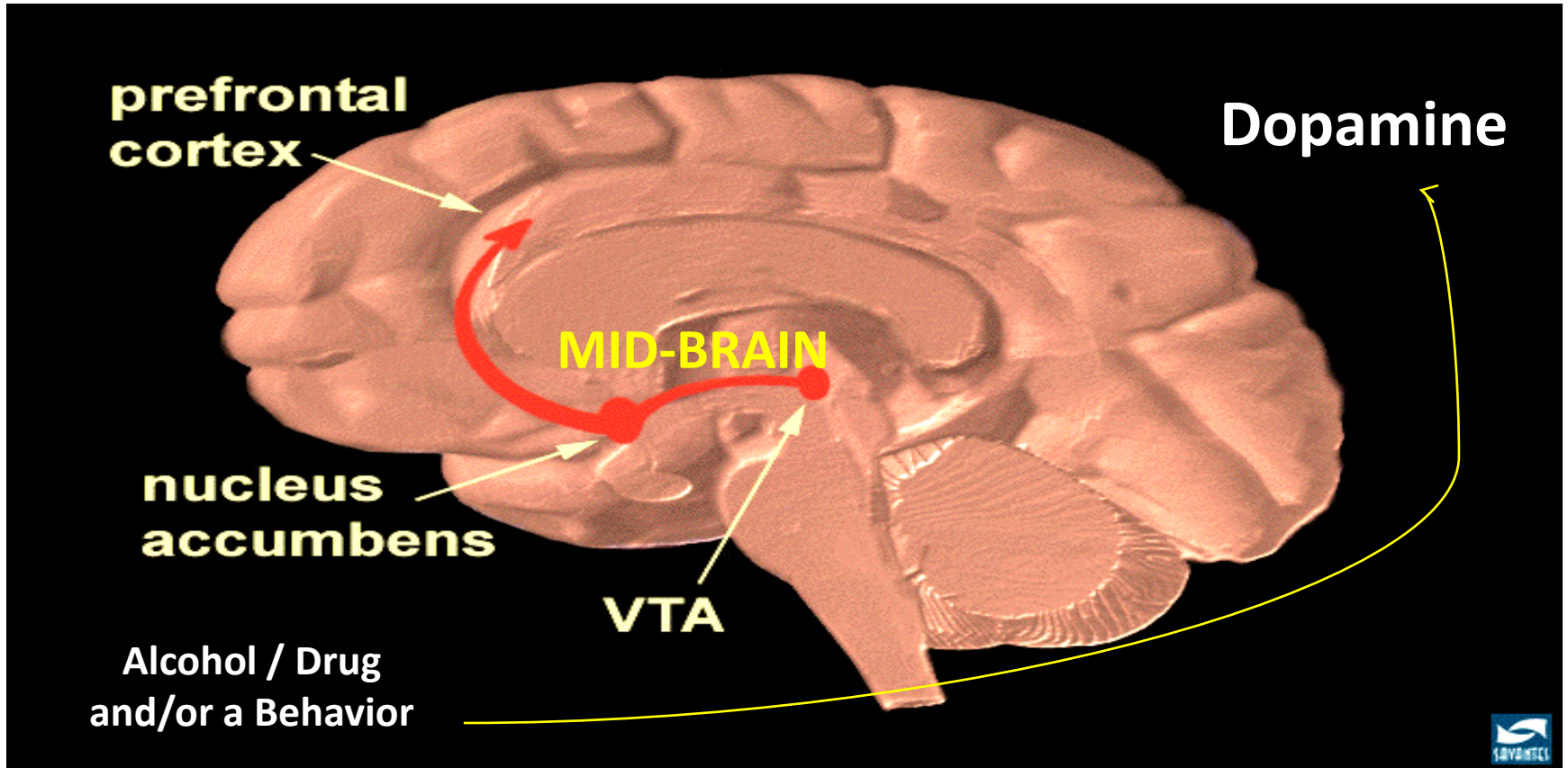
What can cause a reliance on a substance?

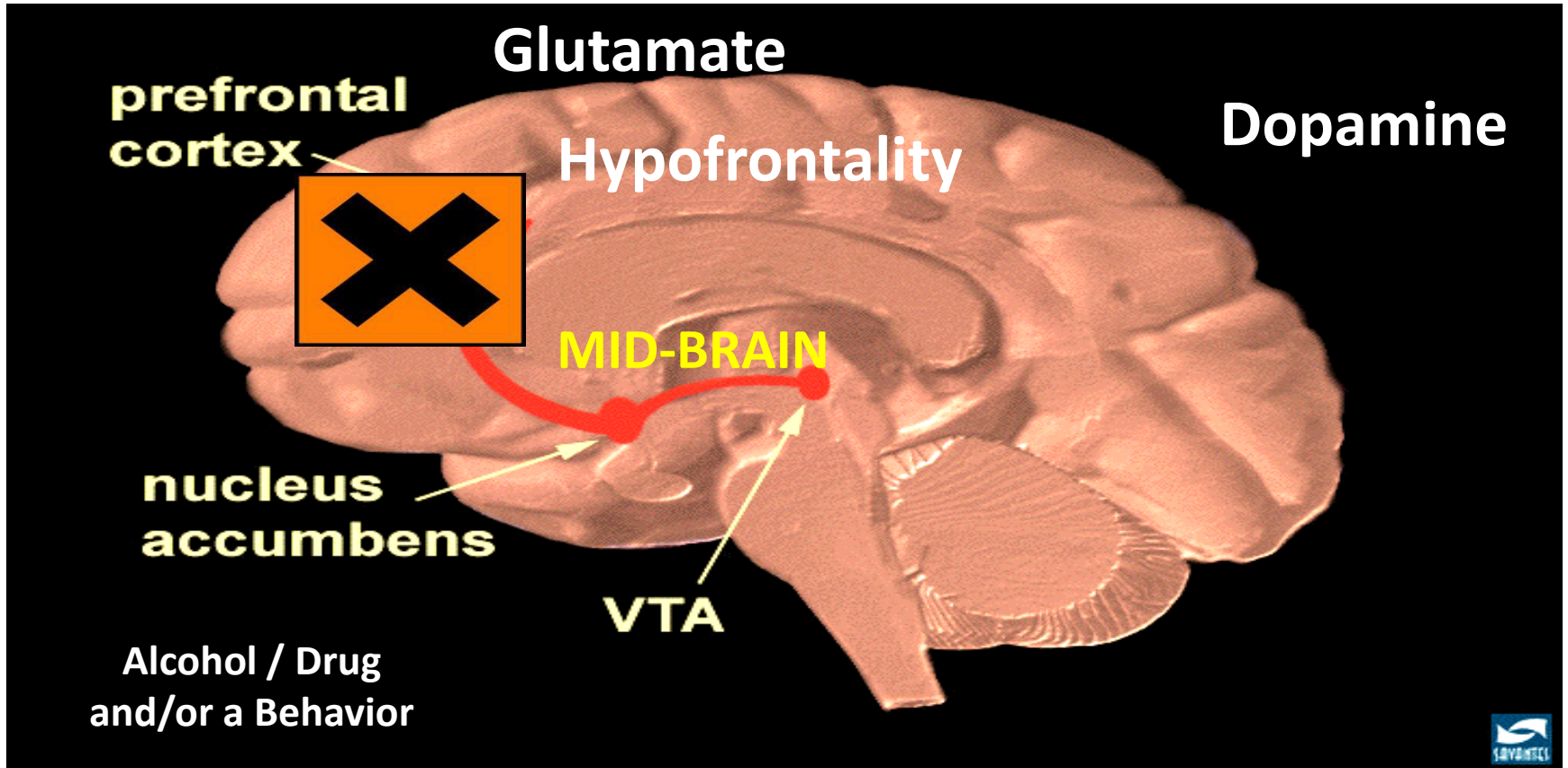
(chemical and/or behavioral)

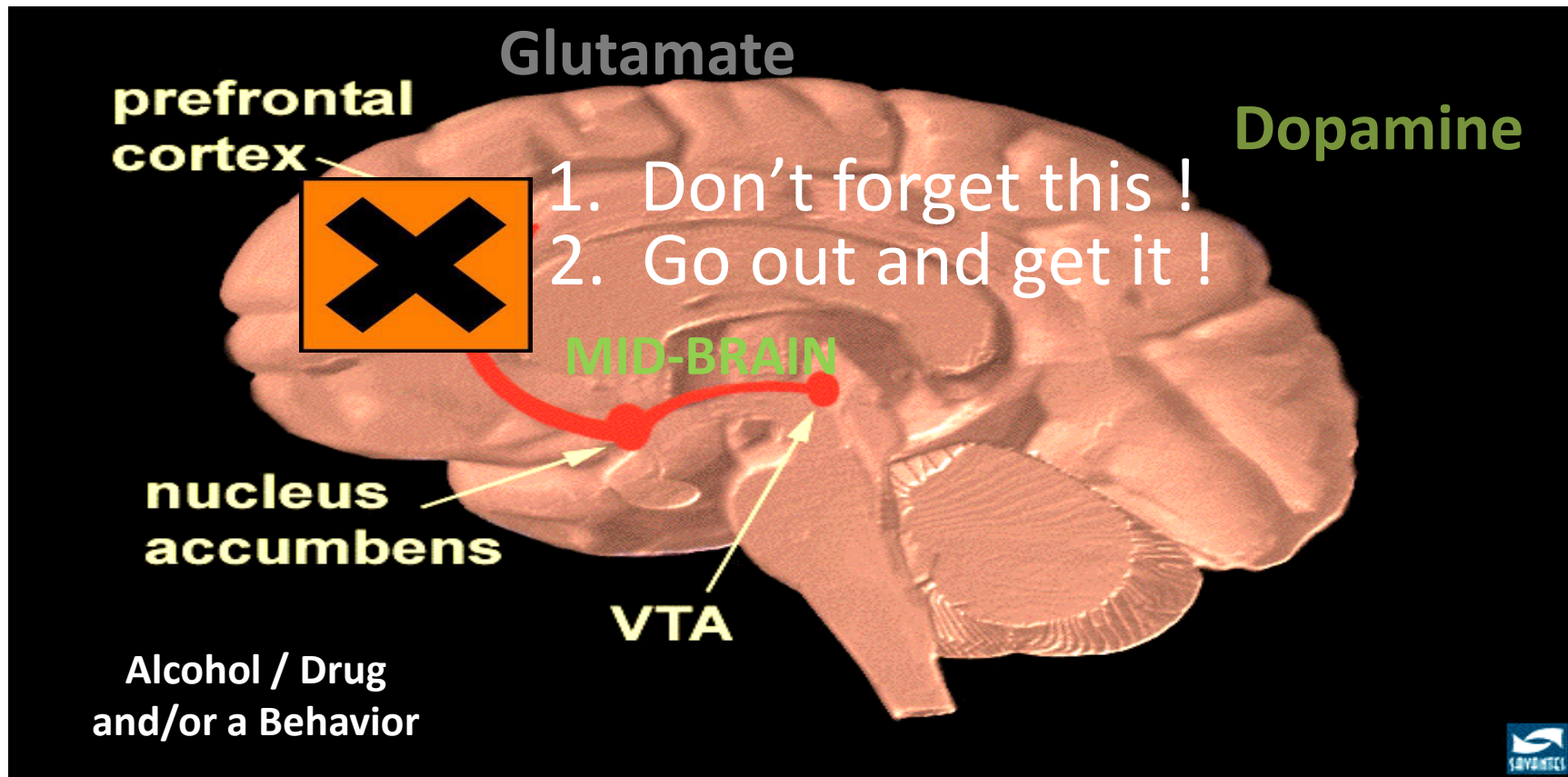
How is substance use connected to mental illness?

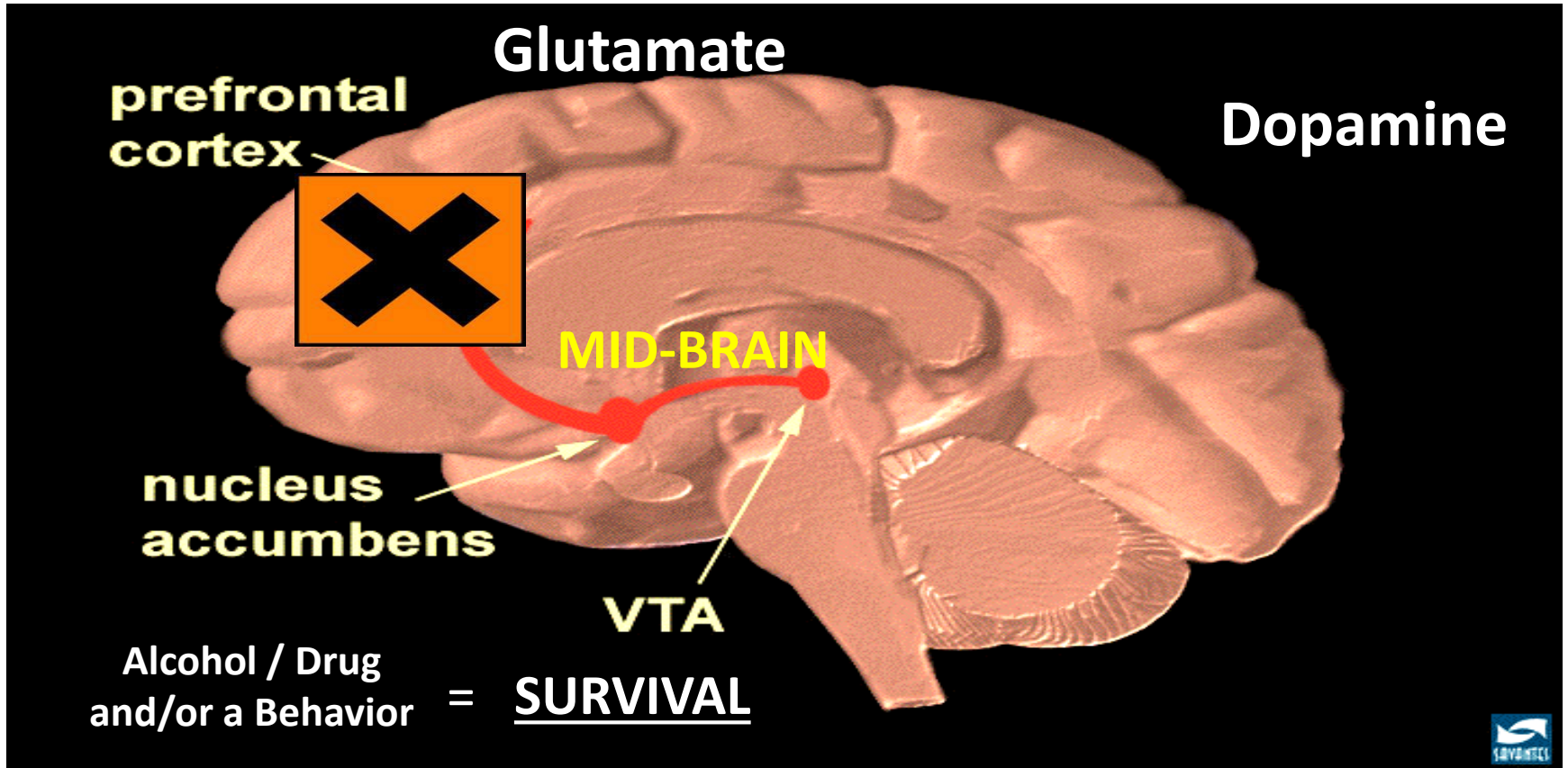
CUBIS

- **C**hemical Imbalance (perhaps a vulnerability)
- **U**nresolved Issue(s) (trauma suppressed/repressed)
- **B**elief (distorted) (minimization of the trauma or substance use)
- **I**nability to Cope (using substances to cope with the trauma)
- **S**timulus-Response Relationship (the way my brain copes)





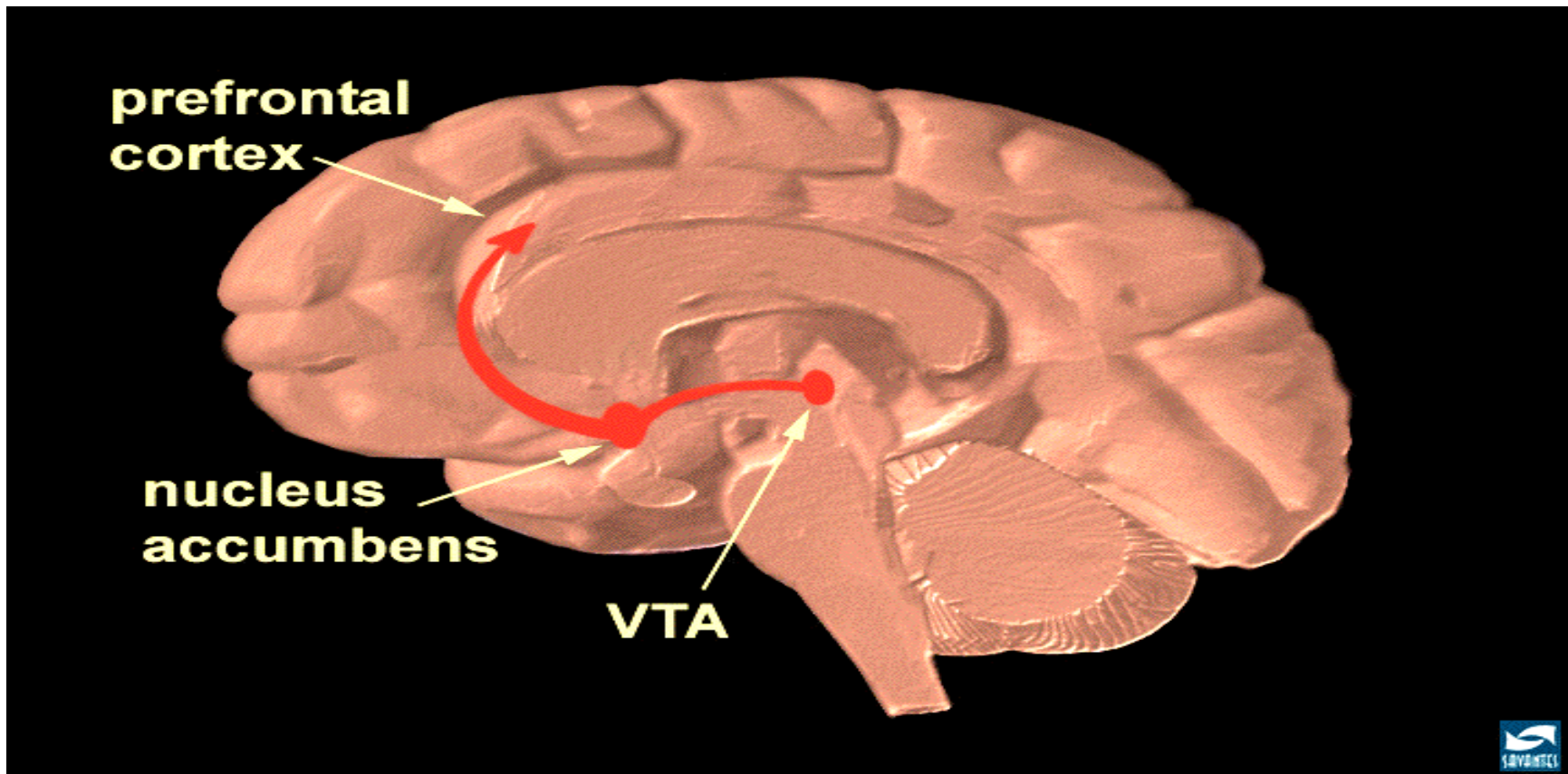




prefrontal cortex

nucleus accumbens

VTA



CUBIS TREATMENT

- **Chemical Imbalance - Medication management**
- **Unresolved Issue(s) - Psychotherapy**
- **Belief (which is distorted) – Cognitive Behavioral Therapy**
- **Inability to Cope – New Skills**
- **Stimulus-Response Relationship – Education**

The Map to a Better Place

Therapy, Rx,
Diet,
Exercise,
Mind, Body, Spirit,
New Skills,
Healthy Family & Friends
Community Support

Health,
Wellness,
Happiness,
Peace
Meaning
Connection



Trigger (cue)

Behaviors – grief, loss, abandonment, abuse, trauma

Situations – marital, family, employment, illness

Feelings – anxiety, depression, stress, anger, hopelessness

Relief (reward)

Alcohol, Drugs,
Gambling, Sex,

Buying,
Gaming,
Internet



- When a PTSD Disorder is left untreated, sufferers may start to feel desperate to find some way to cope.
 - For many this becomes in the form of substances use.
- Unfortunately, addiction and trauma can go hand-in-hand and it can be difficult to recover from one, without also dealing with the other.
- According to the US Department of Veteran's Affairs, more than 2 in 10 veterans with PTSD also struggle with substance abuse problems, and 1 in every 3 veterans seeking treatment for substance abuse also have PTSD.
- And across many studies, between a third to a half of women in treatment for substance abuse, have experienced a sexual trauma.

But why do some victims of trauma suffer from PTSD, while others seem able to move on?

- Risk factors become complicated.
- Some findings suggest that there are genetic predispositions making some people more vulnerable to trauma than others.
- The Environment matters.

Nature vs. Nurture

Our behavior reflects a combination of both genetics and environmental conditioning.



Rat Picture

ALERT



Rats preferred the drug-laced water over the pure water.



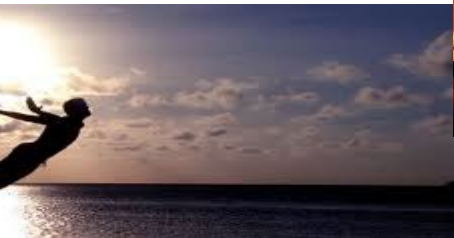
Rats preferred the pure water over the drug-laced water.

1 out of 5 (20%), were addicted to Heroin.



95% of veterans who were addicted to heroin, stopped almost immediately using the drug, once they came home.

Connection



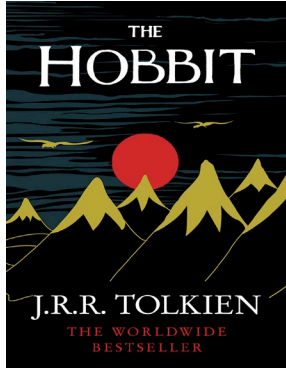
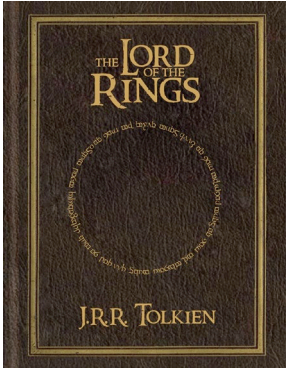
Three authors
who were challenged by trauma,
and became survivors.

Author # 1

John T.

- English Veteran of World War I
- Experienced shell shock, carnage, guilt
- Worst battle of WW I – 1 million casualties
- Experienced traumatic symptoms for years
- Found writing as an outlet for his trauma





The Author...

J.R.R. Tolkien
Lord of the Rings



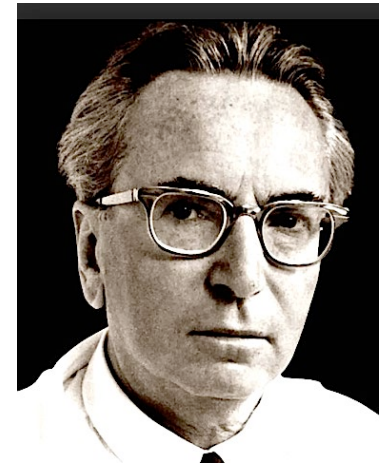
“How do you pick up the threads of an old life? How do you go on, when in your heart you begin to understand that there is no going back.”

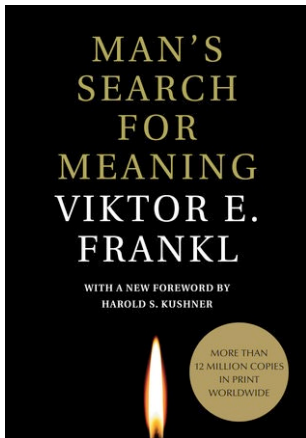
-Frodo Baggins

Author # 2

Vik F.

- Physician
- Imprisoned for no crime
- Witnessed the death of family members
- Exposed to trauma everyday
- Prisoner of Nazi concentration camps

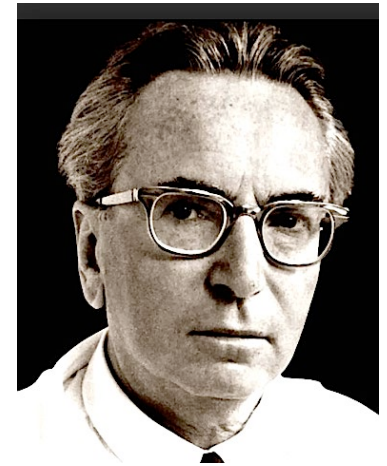




The Author...

Viktor Frankl

Man's Search For Meaning



*“When we are no longer able to change a situation;
we are challenged to change ourselves.”*

Author # 3

Francine S.



- Psychologist
- Witnessed the death of her sister at age 9
- Struggled with life-long health concerns.
- Diagnosed with cancer at 31.



Author
Francine Shapiro
Founder of
*Eye Movement Desensitization
and Reprocessing (EMDR)*



“It’s useful to remember that whatever the persistent negative emotion, belief or behavior that has been bothering, it’s not the cause of suffering—it’s the symptom.”

Therapy approaches for Trauma

- **Eye Movement Desensitization & Processing (EMDR)**

Helps the survivor process and make sense of the trauma. It involves calling the trauma to mind while engaging in bilateral stimulation (eye movement, tactile, audio).

- **Prolonged Exposure (PE)**

Teaches the survivor on how to gain control by facing negative feelings and thoughts. It involves talking about the trauma with a provider (exposure) and engaging in behaviors that the survivor has avoided due to the trauma event.

- **Cognitive Processing Therapy (CPT/CBT)**

Teaches the survivor to reframe negative thoughts about the trauma. It involves talking about negative thoughts, distorted thinking and engaging in behavioral activities to assist with cognitive restructuring.

The Analogy of the Moth



Thank You!

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