



TRAUMA-INFORMED ADDICTION TREATMENT AND RESEARCH-BASED INTERVENTIONS



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An estimated 70 percent of Americans over age 18 have experienced at least one traumatic event in their lifetime. Trauma is an emotional response to being the victim of or witness to a terrible or terrifying event. This could be violence, violent death, sexual or physical abuse, childhood neglect or a natural disaster.

A history of trauma is an important risk factor for substance abuse and addiction. When trauma leads to substance abuse, successful recovery must address the trauma and reduce its impact on mood, mental health, sleep, emotions and well-being.

To accomplish this, a trauma-informed approach to treatment is essential. This approach to treatment involves ongoing training for treatment staff, who learn how to respond appropriately to symptoms of trauma in order to prevent re-traumatization and ensure that clients with a history of trauma feel safe, supported and empowered.

In this eBook, we'll discuss post-traumatic stress disorder, how trauma can lead to substance abuse and how trauma-informed therapy works to help trauma survivors end their substance abuse and reclaim good mental health and a higher quality of life.



**POST-TRAUMATIC
STRESS DISORDER**



Around 20 percent of people who experience trauma will develop PTSD in their lifetime.¹ An estimated five percent of Americans—more than 13 million people—have PTSD at any given time.

Post-traumatic stress disorder, or PTSD, is a psychiatric disorder characterized by a set of symptoms that interfere with the ability to function in normal, healthy ways. These symptoms reduce overall happiness in life and decrease feelings of well-being. Substance abuse and addiction commonly co-occur with PTSD.

Symptoms of PTSD typically set in within three months of a traumatic event, but they can occur months or even years later. The symptoms of PTSD fall into four categories.

In order to be diagnosed with PTSD, someone must experience at least one instance of all of the following symptoms, for a period of at least one month:

- ◆ Re-experiencing: involuntarily reliving the event
- ◆ Avoidance: avoiding anything mentally connected to the event
- ◆ Arousal: increased anxiety, hyperarousal
- ◆ At least two symptoms affecting thought and emotion

Re-experiencing symptoms can cause problems with everyday routines and functioning. These symptoms can be triggered by a thought, feeling, situation, object or word.

Re-experiencing symptoms include:

- ◆ Flashbacks, or re-living the trauma in a very real way, often accompanied by sweating or an increased heart rate
- ◆ Nightmares
- ◆ Frightening thoughts that are difficult to shake

Avoidance symptoms can also upset a person's routine and can be triggered by reminders of the traumatic event.

Avoidance symptoms include:

- ◆ Avoiding places, people, events or objects that serve as reminders of the trauma
- ◆ Suppressing and avoiding thoughts or feelings related to the trauma



Arousal and reactivity symptoms are typically constant rather than triggered by a reminder of the event. These can take a major toll on one's ability to eat, sleep, concentrate or perform other essential daily tasks.

Arousal and reactivity symptoms include:

- ◆ Being easily startled or frightened
- ◆ Feeling on edge or stressed out
- ◆ Having problems sleeping
- ◆ Having sudden outbursts of anger



Cognition and mood symptoms can leave individuals feeling detached from friends and family members and can lead to feelings of isolation or alienation.

Cognition and mood symptoms include:

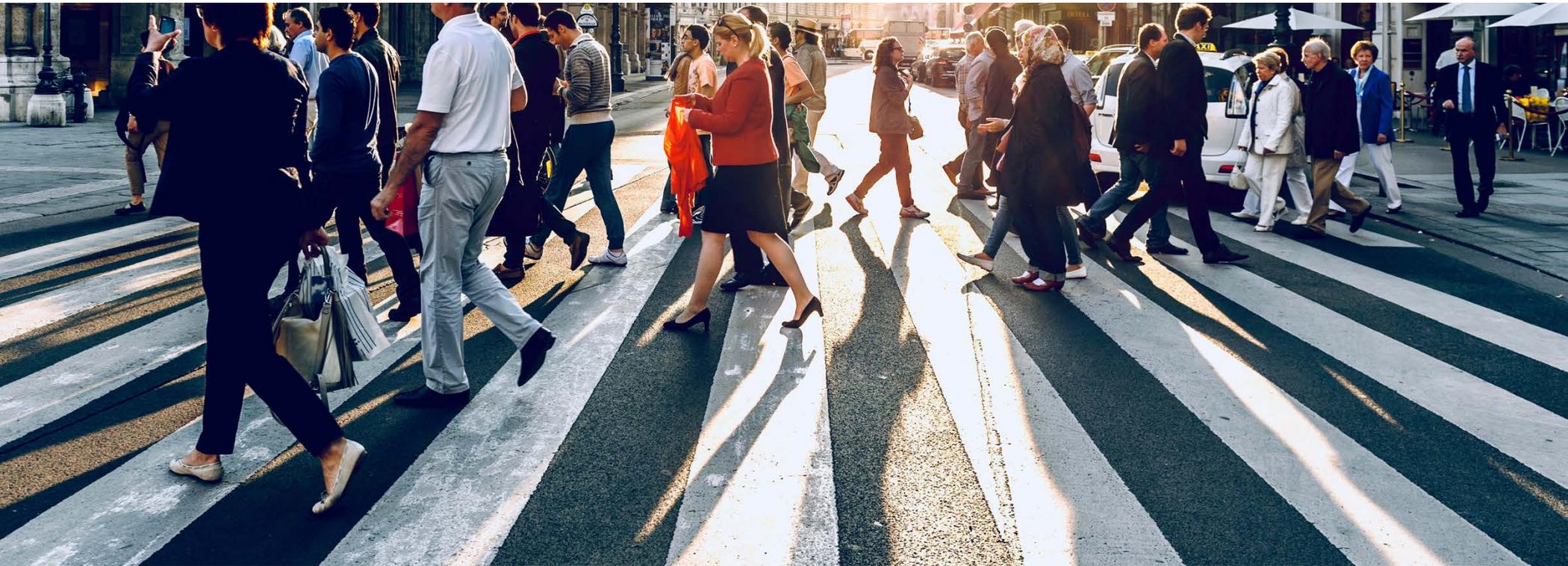
- ◆ A loss of memory surrounding key features of the traumatic event
- ◆ Negative thoughts about oneself or the world
- ◆ Distorted feelings like guilt, shame, or blame
- ◆ A loss of interest in activities once enjoyed

PTSD is often accompanied by depression or an anxiety disorder, and it commonly leads to substance abuse as a way of coping with the nightmares, frightening memories, intrusive thoughts, insomnia and negative emotions that accompany PTSD.



**THE RELATIONSHIP BETWEEN
TRAUMA AND SUBSTANCE ABUSE
AMONG VARIOUS GROUPS**

Addiction almost always has underlying causes, and a history of trauma is one of the most common issues behind drug and alcohol addiction. Some groups of people are more likely to experience certain kinds of trauma than others, and the extent to which a trauma affects someone and leads to substance abuse can vary among these groups.



Childhood Trauma

Exposure to trauma in childhood, which often includes sexual or physical abuse and violence in the household, changes the physical structures and chemical functions of the developing brain, according to a study published in the journal *Depression and Anxiety*.² These changes often lead to cognitive problems and a higher risk of mental illnesses down the road, including schizophrenia, major depression and bipolar disorder.

The link between substance abuse and early exposure to trauma is well-established. The National Survey of Adolescents found that teens who have experienced physical or sexual abuse or assault are three times more likely than those without a history of trauma to report past or current substance abuse.

A study published in the *American Journal of Psychiatry* found that among adolescents aged 15 to 19 years who were in treatment for a substance use disorder, 24.3 percent of males and 45.3 percent of females had a lifetime history of PTSD—five times higher than a community sample of adolescents.³ Research shows that nearly 60 percent of young people with PTSD will develop a substance abuse problem.



Women and Trauma

A study published in the journal *Psychiatric Services* found that up to 80 percent of women being treated for a substance use disorder report a history of trauma, most commonly sexual or physical abuse.⁴

According to an article in the *McGill Journal of Medicine*, the lifetime prevalence of PTSD among North Americans is 7.8 percent, compared to 50 percent among women who have been sexually assaulted.⁵ Sexual assault is the most common cause of PTSD among women, with one study finding that 94 percent of women experienced symptoms of PTSD within the first two weeks of a sexual assault.

Women with PTSD stemming from sexual violence encounter more difficulties recovering from an addiction than women without a history of sexual abuse, according to the National Institutes of Health.⁶ This may be due to the complex relationship between sexual trauma and substance abuse; the role drugs or alcohol play in helping to manage symptoms of PTSD; and the co-occurrence of other psychological problems, such as depression, anxiety or eating disorders, that result from the abuse.

Men and Trauma

Men are more likely than women to experience feelings of anger associated with trauma—particularly sexual trauma—and they’re likely to act out aggressively or violently as a result of the trauma, according to an article in *Addiction Professional Magazine*.⁷ Men are also less likely than women to seek help for PTSD due to cultural and societal pressures to be “strong.”

Often, men will believe that acknowledging the trauma is on par with admitting they’re not a “real” man. This may help account for the fact that while women are more likely than men to have a lifetime prevalence of PTSD, men are more likely than women to self-medicate their symptoms with drugs and alcohol, according to a study published in the journal *Depression and Anxiety*.⁸

Once in treatment for PTSD, addiction or both, men often have a difficult time fully engaging in therapy, largely due to problems with expressing emotions and communicating honestly about experiences that cause feelings of shame or embarrassment.





Veterans and Trauma

Military veterans who have served in a combat zone have a high prevalence of PTSD. According to the U.S. Department of Veterans Affairs, around 12 percent of soldiers who served in the Gulf War, 20 percent of Operation Iraqi Freedom vets and 30 percent of Vietnam veterans have PTSD in any given year.⁹ Additionally, around 23 percent of female veterans report being the victim of a sexual assault while in the military, increasing their risk of PTSD. Up to 75 percent of all veterans who have experienced trauma from combat or sexual abuse report having problematic drinking patterns.



First Responders and Trauma

First responders, including police officers, firefighters and EMTs, are constantly exposed to trauma. According to the Trauma Center at the Justice Resource Institute, these individuals are at a particularly high risk of developing PTSD during the course of their career.

A number of studies on first responders and PTSD conducted after 9/11 found that incidents of PTSD increased among this population in the years after the terrorist attack, with one study finding that the prevalence increased from 12.1 percent two to three years post-9/11 to 19.5 percent five to six years post-9/11.

According to the U.S. Fire Administration, a number of studies conducted between 2013 and 2015 found that firefighters drink alcohol more frequently than the general male population, and twice as many binge drink.¹⁰ A 1993 study published in the *Scandinavian Journal of Work, Environment, and Health* found that between 33 and 41 percent of firefighters were experiencing psychological distress, and 29 percent had possible or probable problems with alcohol abuse.¹¹



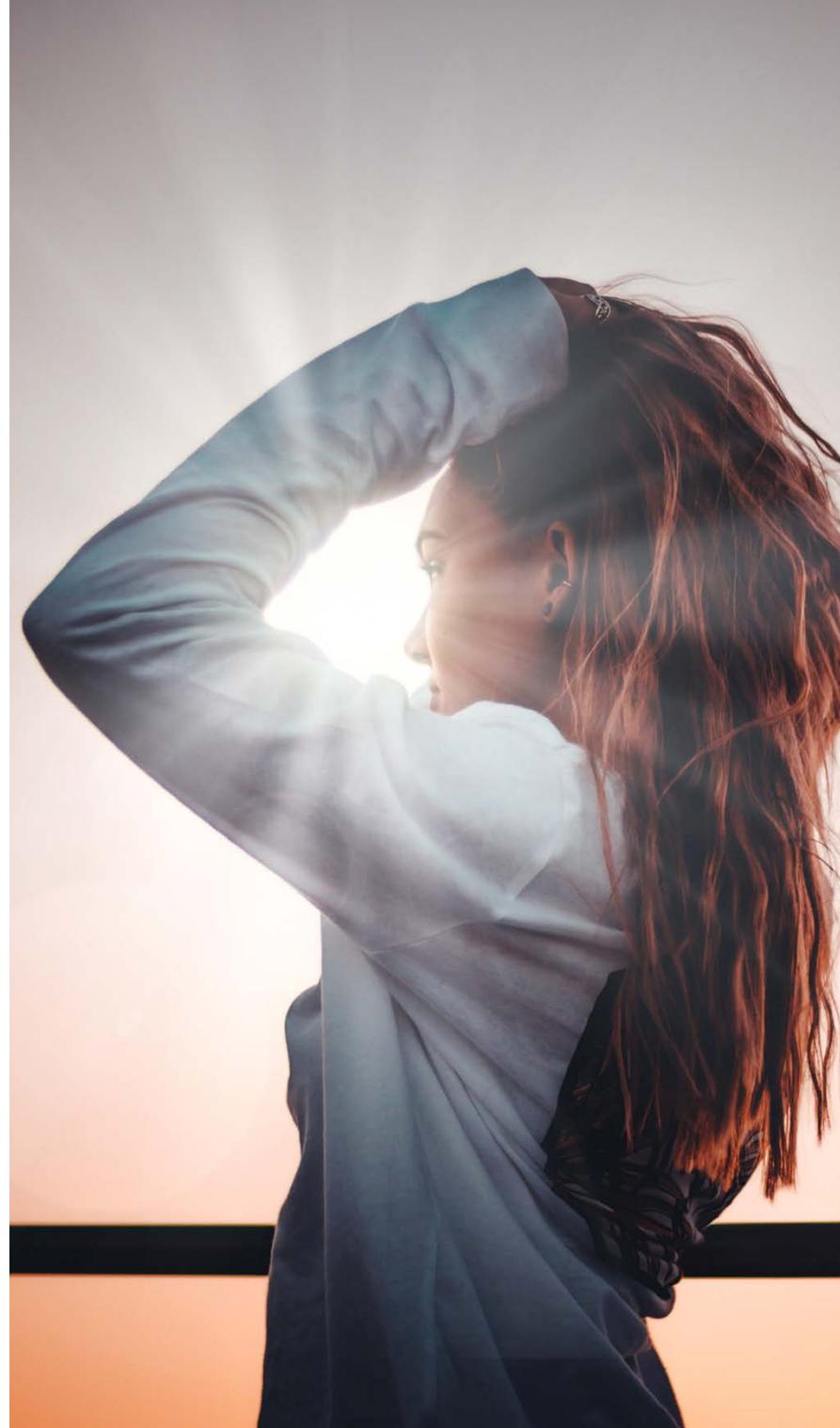
**TRAUMA-INFORMED
TREATMENT:**
RESEARCH-BASED INTERVENTIONS

A trauma-informed approach to treatment, according to the Substance Abuse and Mental Health Services Administration, is one that:¹²

- ◆ Realizes the widespread impact of trauma and understands multiple pathways for recovery
- ◆ Recognizes the signs and symptoms of trauma in clients and families
- ◆ Responds to trauma by fully integrating knowledge about it into practices, procedures and policies
- ◆ Actively works to prevent re-traumatization

A successful trauma-informed approach will include interventions that are based on trauma research and the psychosocial, educational and empowerment principles that have long been used in public system settings.

Following are some of the most commonly used and successful research-based interventions for trauma-informed treatment.



Seeking Safety

Seeking Safety is an evidence-based counseling model that focuses on the present rather than the past and is designed to help individuals regain a sense of safety from trauma and substance abuse. While it addresses both trauma and addiction, it doesn't delve into detailed accounts of the trauma. The twenty-five topics covered under this model can be addressed in any order.

The topics include:

- ◆ PTSD: Taking Back Your Power
- ◆ When Substances Control You
- ◆ Setting Boundaries in Relationships
- ◆ Creating Meaning
- ◆ Integrating the Split Self
- ◆ Taking Good Care of Yourself
- ◆ Detaching from Emotional Pain (Grounding)

This model operates on several key principles:

- ◆ Safety as the priority of treatment
- ◆ Integrated treatment
- ◆ A focus on ideals
- ◆ Four content areas: cognitive, behavioral, interpersonal and case management

Seeking Safety is very flexible. It can be presented in group or individual settings, and it works well for men and women, adults and adolescents and people in all levels of care.



Risking Connection

Risking Connection is a trauma-informed model for various levels of mental health, public health and substance abuse staff. It emphasizes relationships as central to the healing process as well as the importance of self-care for providers.

This model is based on RICH relationships—those characterized by respect, information sharing, connection and hope. It focuses on the concepts of empowerment and collaboration to help caregivers understand how trauma causes pain, how connection and relationships can be used as treatment tools, and the importance of maintaining a trauma framework when responding to crises and working with dissociation and self-awareness.

Acceptance and Commitment Therapy

Mindfulness interventions are intentional, non-judgmental and accepting practices that focus on teaching people how to pay attention to their thoughts and feelings in the moment.

Acceptance and commitment therapy is a mindfulness intervention that helps individuals think and act in ways that support their personal values while developing psychological flexibility. Through ACT, clients recognize the challenges of their attempts to suppress, control and manage negative emotional experiences. In doing so, they become more adept at making healthy decisions that promote well-being.

The six core processes of ACT are:

- 1 Acceptance over avoidance
- 2 Cognitive diffusion techniques that help individuals change the way they interact with their thoughts
- 3 Being present in a non-judgmental way
- 4 Self as context, or being aware of one's own experiences without attachment
- 5 Values, or one's judgments of what is important in life
- 6 Committed action, or developing larger patterns of healthy behaviors linked to chosen values



Dialectical Behavior Therapy

Dialectical behavior therapy is another mindfulness-based intervention designed to help clients develop skills for managing difficult emotions and reducing conflict in their relationships. Problematic behaviors evolve as coping mechanisms, and while they may offer short-term relief, these behaviors lead to more problems in the long-term.

DBT helps clients learn new behaviors and enhance their capabilities by learning new coping skills in a variety of areas, including:

- ◆ Mindfulness
- ◆ Distress tolerance
- ◆ Regulating emotions
- ◆ Interpersonal relationships

DBT is divided into four treatment stages:

- Stage 1** moves the client from being and feeling out of control to achieving control over their behaviors.
- Stage 2** moves the client from feelings of quiet desperation to full emotional experiencing. This is the stage where PTSD is treated.
- Stage 3** is all about learning to live. The client defines life goals, builds self-respect and finds peace and happiness.
- Stage 4** is for clients who wish to find deeper meaning through spirituality and helps them move from a feeling of incompleteness toward feelings of joy and freedom.

DBT is an evidence-based therapy that's been shown to reduce suicidal behaviors, self-injury, substance abuse and anger resulting from past trauma.





Mindfulness-Based Relapse Prevention

Relapse prevention is central to successful addiction recovery. Mindfulness-based relapse prevention is a model that eschews the common belief that relapse is a “sleeping tiger” ready to pounce when least expected.

The primary goals of MBRP are to:

- ◆ Develop awareness of one’s habitual reactions and personal triggers for relapse and learn how to pause these automatic processes for closer inspection
- ◆ Learn how to be okay with being uncomfortable
- ◆ Recognize challenging emotional and physical experiences and develop skills to respond to them in healthy ways
- ◆ Develop self-compassion and a nonjudgmental approach toward oneself and one’s experiences
- ◆ Build a healthy lifestyle that supports mindfulness and a life of recovery from trauma and substance abuse

Mindfulness-Based Meditation

Mindfulness meditation is a meditation technique that can help individuals manage distracting thoughts and feelings by staying aware of the thoughts, feelings and sensations in the present moment. A growing body of research shows that mindfulness meditation is an effective treatment for a wide range of physical and psychological ailments and has been associated with decreased stress, depression, anxiety, pain and insomnia.

Recent research by neuroscientists at Harvard Medical School and Massachusetts General Hospital found that regular meditation practice actually changes the brain, increasing the amount of gray matter in the auditory and sensory cortex and in the frontal cortex, which is associated with executive decision making and working memory. The study also found that following four regions of the brain thickened after just eight weeks of meditating:

- ◆ The posterior cingulate, which is involved in self-relevance and mind wandering
- ◆ The left hippocampus, which is involved in learning, cognition, memory and regulating emotions
- ◆ The temporoparietal junction, which is associated with perspective, empathy and compassion
- ◆ The pons, which is where many regulatory neurotransmitters are produced

Additionally, the amygdala, which is involved in anxiety, stress and fear, experienced a reduction in size after eight weeks of mindfulness meditation.



**SAMHSA'S SIX KEY PRINCIPLES OF
A TRAUMA-INFORMED APPROACH**



According to the Substance Abuse and Mental Health Services Administration, a trauma-informed approach adheres to six key principles rather than a pre-ordained set of procedures and practices.

These principles are:

- 1 Safety
- 2 Trustworthiness and transparency
- 3 Peer support
- 4 Collaboration and mutuality
- 5 Empowerment, voice and choice
- 6 Cultural, historical and gender issues

Trauma permeates all areas of an individual's life, and when it co-occurs with a substance use disorder, the result is often devastating to their relationships, physical and mental health, finances, quality of life and sense of well-being.

Through a trauma-informed approach to addiction treatment using research-based interventions, individuals can safely and effectively restore their lives after trauma and end an addiction for the long-term.

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