

Trauma and Substance Use: A Complex Relationship

Chris Tuell, Ed.D., LPCC-S, LICDC-CS

Clinical Director of Addiction Services

Lindner Center of Hope

Assistant Professor

Department of Psychiatry & Behavioral Neuroscience

University of Cincinnati

October 27, 2022

Objectives

- Identify how trauma is a risk factor for substance abuse.
- 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

**What is the personal impact that
mental health and/or addiction have upon my own
life?**

**How might this impact me
as a loved one, or professional?**

SAMHSA

- 84% 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 people 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.

- Major Depressive Disorder
- Bipolar Disorder
- Schizophrenia
- Personality Disorders
- Anxiety Disorders
 - Generalized Anxiety
 - Panic disorder
 - Social anxiety
 - 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)

- **Changes in Cognitions and Mood**
 - **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

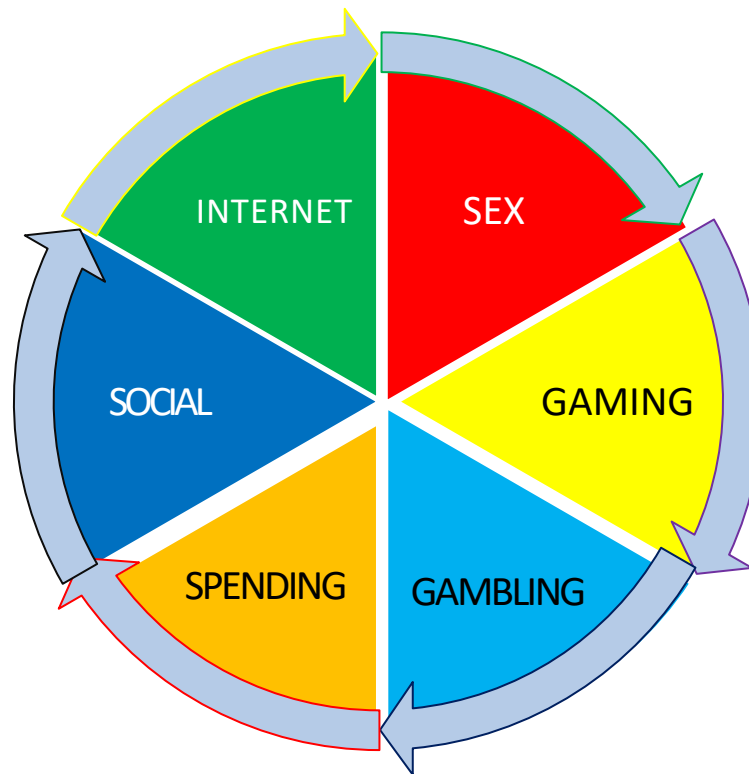
- Family history: Having a first-degree relative (e.g., parent or sibling) who has a substance use disorder will increase a person's risk to develop a substance use disorder.
- Lack of social support: Having a lack of family support or perceiving that one does not have a supportive environment increases 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

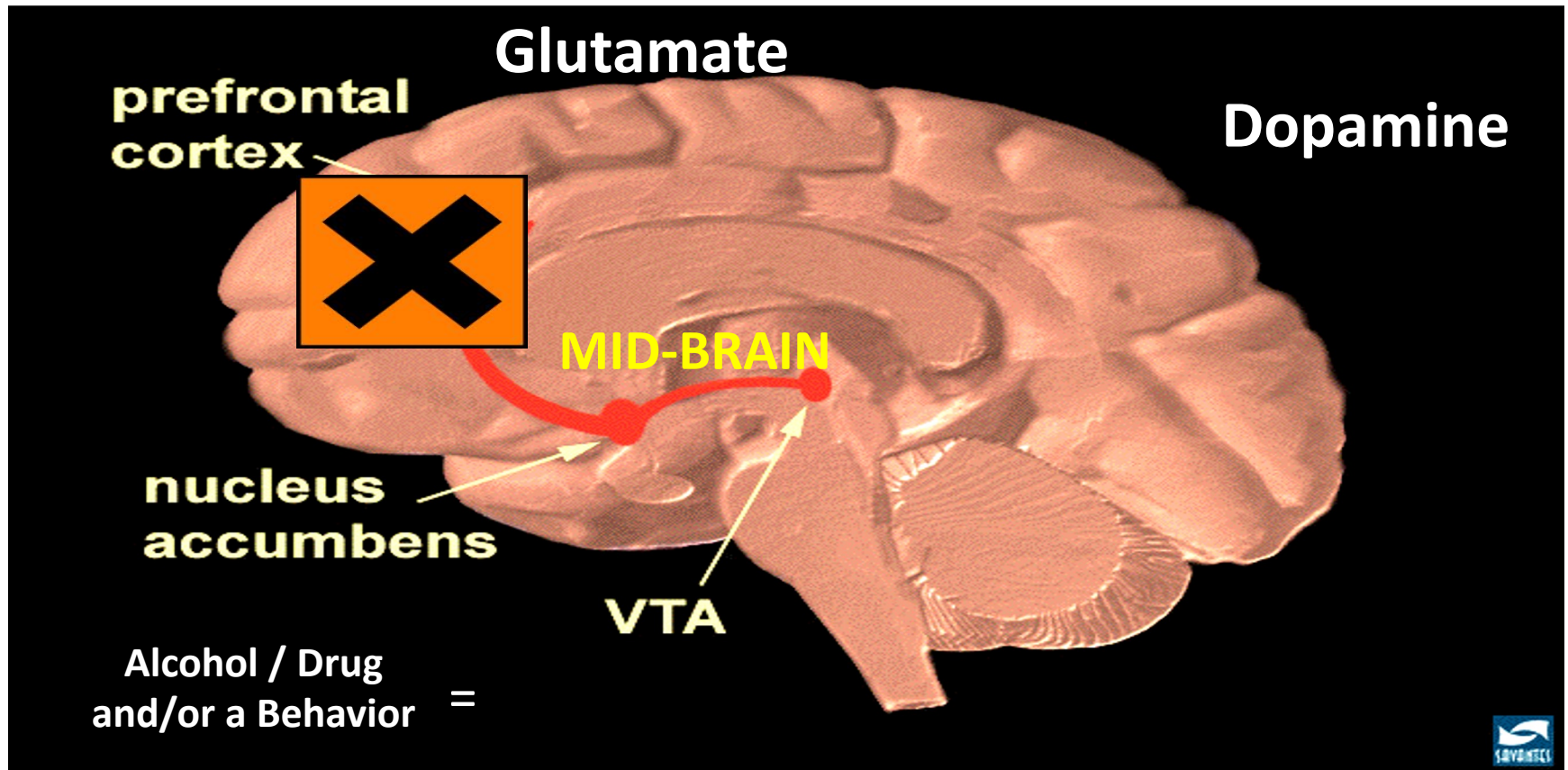


**What can cause a reliance on
a substance?**
(chemical and/or behavioral)

**How is substance use
connected to mental illness?**

CUBIS

- **C**hemical Issue (perhaps a vulnerability)
- **U**nresolved Issue(s) (trauma suppressed/repressed)
- **B**elief (s) - 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)



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



Pathway / Routine / Habit



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.
- 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 Environmental matters.

Nature vs. Nurture



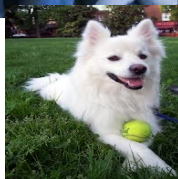
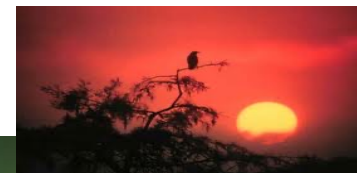




1 out of 5 (20%), were addicted to Heroin.



Connection



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

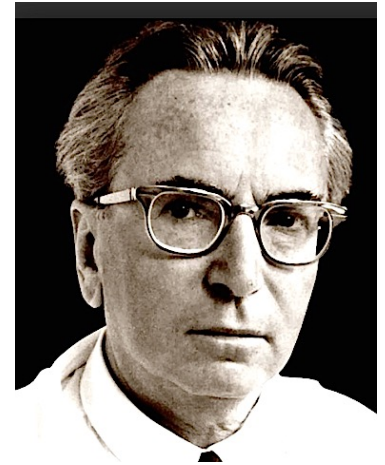
Author # 1

John T.



Author # 2

Vik F.



Author # 3

Francine S.



Five Evidenced-Based Therapy Approaches for Trauma

Eye Movement Desensitization & Processing (EMDR)

Prolonged Exposure (PE)

Cognitive Processing Therapy (CPT/CBT)

Cognitive-Behavioral Therapy (CBT)

Trauma-Focused Cognitive Behavioral Therapy

The Analogy of the Moth



Thank You!

chris.tuell@lindnercenter.org

(513) 536-0640