The Impact of Trauma on the Addiction, Sobriety, Relapse Cycle: Mindfulness Skills for working with affect dysregulation and helping traumatized people recover

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OBJECTIVES

- Participants will understand the neurobiology of trauma and the effectiveness of chemicals in managing trauma related symptoms
- Participants will be able to teach clients about the role that trauma may play in their addiction cycles
- Participants will be able to utilize basic skills in the counseling process to manage affect dysregulation and help clients develop skills for self-regulation.

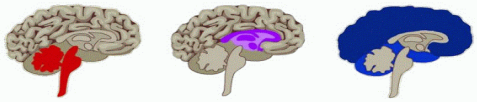
DEFINING TRAUMA…

- A wide array of experiences can be experienced as traumatic
- It is the intersection of the event and the person's capacity to integrate their experience
- Our nervous systems are wired for survival

THE NEUROBIOLOGY

Triune Brain Theory

Lizard Brain	Mammal Brain	Human Brain
Brain stem & cerebelum	Limbic System	Neocortex
Fight or flight	Emotions, memories, habits	Language, abstract thought, imagination, consciousness
Autopilot	Decisions	Reasons, rationalizes



The Triune Brain in Evolution, Paul MacLean, 1960

THE NEUROBIOLOGY

We remember trauma less in words and more with our feelings and our bodies (van der Kolk & Fisler, 1995)

Thinking brain goes offline

Alert center activates the…

survival system response

THE NEUROBIOLOGY

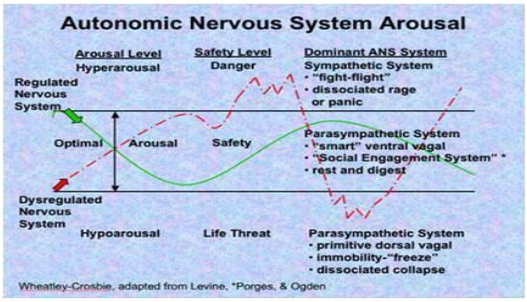
- The role of procedural learning
  - Knowing without knowing
  - Automated response patterns
  - Association driven

THE NEUROBIOLOGY

Hyperarousal /Fight or Flight (Sympathetic Nervous System) – adrenaline, cortisol, muscles tense, increased heart rate and breathing, digestive system shut down

Hypoarousal/Freeze or Submit (Parasympathetic Nervous System) – heart rate slows, breathing slows, digestive system reactivated, physical collapse, weakness, exhaustion, dissociation

THE WINDOW OF TOLERANCE



Our Level of Resilience depends upon our capacity to integrate

An inability to effectively integrate traumatic experiences can result in PTSD

THE DIAGNOSTIC PICTURE:

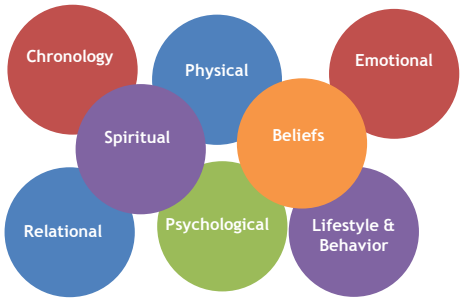
Developmental Trauma Disorder??

Borderline Personality Disorder???

"When neither resistance [fight] nor escape [flight] is possible, the human system of self-defense becomes overwhelmed and disorganized. Each component of the ordinary response to danger, having lost its utility, tends to persist in an altered and exaggerated ways long after the actual danger is over."

Judith Herman, 1992

TRAUMA IMPACTS EVERYTHING



Questions About Trauma?

"If child abuse and neglect were to disappear today, the DSM would shrink to the size of a pamphlet in two generations and prisons would empty."

John Briere, PhD

THE IMPACT OF TRAUMA

Increased Risk for:

- Depression
- Anxiety
- Obesity
- Eating Disorders
- Chemical Use – alcohol, IV, smoking
- Suicide attempts
- Chronic physical illness
- Increased sexual activity
- Unintended pregnancies
- Self-harm behaviors
- Intimate partner violence
- Affect Dysregulation

(ACES Study, 1998)

TRAUMA AND SUBSTANCE USE

- Higher rate of PTSD in SUD population
- Increased rate of exposure to trauma
- Increased symptoms of PTSD in SUD population

TRAUMA AND SUBSTANCE USE

- True for multiple forms of trauma
- Earlier onset of use
- Higher rates of Dissociation
- Greater expectancy of reduced tension and positive enhancement

TRAUMA AND SUBSTANCE USE

More severe functional impairment

Worse outcomes

Worse retention

Effect is mediated by PTSD

SO, WHY THE RELATIONSHIP BETWEEN TRAUMA AND SUBSTANCE USE?

TWO HYPOTHESES

- Increased Vulnerability
- Self-Medication

People turn to substances because *they work…*

Their function seems to be in the psychological and physiological/neurobiological relief the symptoms offer.

> "Survivors of childhood abuse might turn to self-destructive and self-harming behaviours, such as purging and vomiting, compulsive sexual behaviour, compulsive risk-taking and the use of psychoactive drugs, for relief from tension and distress and to regulate their internal emotional states, in the absence of the internal capacity for self-soothing"

Kong,2013,
summarizing van der Kolk, 1991

ATTEMPTS TO SELF-REGULATE

- Dissociation – the inability to stay present - is a normative response to trauma.
- Normative dissociation may be sufficient to reduce awareness of trauma symptoms, memories, flashbacks, sensations, etc.
- When it is not, other behaviors may come into play as a means of facilitating dissociative response or regulating a disrupted nervous system

The Use of Drugs to Self-Regulate

CHEMICAL USE AS SELF-REGULATION UPPERS

- Release and block reabsorption of dopamine and noradrenaline (mimic/stimulate hyperarousal)
- Can allow for a sense of pleasure that is otherwise diminished by the numbness of trauma (sex)
- May allow for feelings of power and control
- Can help people to avoid hypoarousal
- May reduce a felt sense of shame, allowing people to live in the high

CHEMICAL USE AS SELF-REGULATION DOWNERS

- *Alcohol*
  - Central Nervous System (CNS) Depressant
  - Reduce hyperarousal/tension reduction
  - Impairs frontal lobe functioning
  - Reduce hippocampal function
  - Suppress Glutamate (excitability)
  - Depress Reticular Activating System (Sleep)
  - Depress Medula (heartbeat, breathing)
  - Depress Amygdala (fear, hypervigilance)

CHEMICAL USE AS SELF-REGULATION DOWNERS

- *Benzodiazepines*
  - Similar to alcohol, increase GABA (quietening NT)
  - Can have a hypnotic effect
  - Sedate/induce sleep/reduce hyperarousal
- *Opioids*
  - Pain relief
  - Euphoria
  - Can induce sleep
  - Reduce intrusive symptoms, including memories, physical sensations, and emotions (anger)

CHEMICAL USE AS SELF-REGULATION ALL AROUNDERS

- Inhalants
  - Sedation
  - Hallucinations
  - Dissociative qualities
- Marijuana can induce relaxation (reducing persistent hypervigilance)
  - Narrowing of consciousness
  - Reduced prefrontal functioning
  - Depresses hippocampal function

CHEMICAL USE AS SELF-REGULATION HALLUCINOGENS

- Can induce dissociation
- Have amnestic qualities
- Distort reality or disconnect from reality
- Drugs like Ketamine can have anesthetic qualities

A DIFFICULT CYCLE TO STOP

- "Between pain and nothing, I choose nothing." (Mills, 2009)
- Important to recognize the role of CD in helping reduce dysregulation and avoid affective experience
- Often when we help people stop their chemical use, they experience a resurgence of the trauma symptoms that they were managing, leading back to relapse

A DIFFICULT CYCLE TO STOP

- Research shows that some people continue to experience PTSD symptoms even after 6 months of sobriety and these symptoms can contribute to relapse
- An integrated treatment, trauma informed approach is necessary to help people avoid this cycle of use and relapse
- Studies are showing treating trauma results in improved outcomes for SUD treatment

Questions About the Relationship between Trauma and SUD?

TREATING TRAUMA

PHASE ORIENTED

- Establish Safety, Stabilize symptoms, improve ability to self-regulate
- Process trauma memories
- Integration

TREATING TRAUMA AND SUD

- Treatment usually takes longer
- Concurrent treatment improves treatment retention and outcomes
- Present focused vs. Past focused
  - SUD treatment – Present focused approaches
  - Any trauma informed professional can work with client in present focused fashion

TREATING TRAUMA

PHASE ORIENTED

- Establish Safety, Stabilize symptoms, improve ability to self-regulate **(Present Focused)**
- Process trauma memories **(Past Focused)**
- Integration

PRESENT FOCUSED TREATMENT

SPECIFIC MODELS

- Seeking Safety
- Trauma Recovery and Empowerment Model (TREM)
- Addictions and Trauma Recovery Integrated Model (ATRIUM)
- TRIAD Women's Group

"To be safe in the here and now you have to give people what they needed in the there and then."

› van der Kolk

TRAUMA INFORMED COUNSELING

- Psycho-educational
- Directive
- Validating
- Attuning
- Collaborative
- Non-Blaming
- Corrective Experience
- Pacing

"*Words cannot integrate the disorganized sensations and action patterns that come from the core imprint of trauma.*"

› van der Kolk, 2004

THE INSUFFICIENCY OF WORDS

- Talking doesn't always help
  - Trauma is experienced, we have to help them have a different experience (physical, emotional, relational)
  - Talking about the experiences can sometimes exacerbate symptoms and traumatic memories
  - Be ready to stop the content of conversation if clients become dysregulated
- Undoing the unbearable state of aloneness – Fosha

UNDOING PROCEDURAL MEMORY

- Procedural Learning – Mindfulness is the key to changing procedurally learned responses
- We make the implicit –> explicit
- We make the explicit -> experiential
- New experiences change the brain
  - New pathways
  - New response options

Overcoming the Phobia of Internal Experience

Kathy Steele (2012)

Disrupting the intrusion of the past into the present

Tracking shifts in the Nervous system response

THE ORGANIZATION OF EXPERIENCE

- 5 Core Organizers (Pat Ogden)
  - Cognition
  - Emotion
  - Five-sense Perception
  - Movement
  - Inner Body Sensation
- We help clients recognize how experience is organized and what is dissociated

IN THE FACE OF DYSREGULATION

- Directed mindfulness (Ogden)
  - Slow down the pace of speech
  - Direct attention to five-core organizers
  - Make simple observations
  - Ask simple, direct questions
  - Provide options for describing experience
  - Connect/Disconnect five-core organizers

Down-Regulation Strategies

Breathing
Activate Digestive System
Distraction
Containment
Self-soothing
Grounding

Up-Regulation Strategies

Focus on movement
Shift towards novelty
Increase blood flow
Mobilization
Temperature

SKILL BUILDING

- Progressive Muscle Relaxation
- Breathing practices
- Body Scan
- Safe place Imagery
- Containment imagery

PROCESSING TRAUMA

Prolonged Exposure
Cognitive Processing Therapy
EMDR
Sensorimotor Psychotherapy
Somatic Experiencing
Accelerated Experiential Dynamic Psychotherapy
Acceptance and Commitment Therapy
Ego State Therapy – for working with dissociated parts
Structural Dissociation Model

OTHER WAYS TO HELP PEOPLE HEAL

Neurofeedback/Biofeedback
Yoga
Martial Arts
Body Focused – Dance/Movement Therapy
Experiential therapies – including Equine, Psychodrama
Healing Touch/Body Work
Accupressure/Accupuncture
Tai Chi

"The world breaks every one and afterward many are strong at the broken places."

Ernest Hemingway

A Farewell to Arms

Questions about working with clients with trauma?

For Further Reading:

Trauma and the Body - Ogden, Minton, and Pain
The Boy Who was Raised as a Dog – Perry and Szalavitz
Treating Complex Traumatic Stress Disorders: An Evidence-Based Guide - Christine A. Courtois, et al
Healing Trauma: Attachment, Mind, Body, and Brain – Siegel & Solomon, eds
Traumatic Stress - van der Kolk, McFarlane, and Weisaeth
Trauma and Recovery – Herman
The Body Remembers – Rothschild
Waking the Tiger – Levine
The Haunted Self: structural dissociation and the treatment of chronic traumatization - Van der Hart, Nijenhuis & Steele
Coping with Trauma Related Dissociation – Boon, Steele, Van der Hart
Healing from Trauma by Jasmin Lee Cori (great resource for patients)
Life After Trauma, Second Edition: A Workbook for Healing – Rosenbloom &Williams

Online Resources:

www.copingwithdissociation.com
www.janinafisher.com
www.trauma-pages.com
http://www.emdria.org/
www.aedpinstitute.org
www.jamiemarich.com
www.istss.org
www.isst-d.org
www.traumacenter.org
www.childtrauma.org
www.sensorimotorpsychotherapy.org
www.trauma101.com

For Further Questions:

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Thank You