

# Trauma and Substance Abuse

by Olena Pkhaladze

Portside ART Institute Treatment Program

"Every behaviour serves a purpose, and we are here to help the clients understand what that purpose is and create new solutions"

(Bandler & Grinder, 1982)

### Substance abuse

excessive and harmful use of substances, such as alcohol, drugs (both illicit and prescription), and other addictive substances, in a way that negatively impacts an individual's physical, mental, and social well-being. It involves the persistent and recurrent use of substances despite experiencing adverse consequences.

# Key features of substance abuse:

- 1. Excessive Use: Substance abuse typically involves consuming substances in larger amounts or over a more extended period than intended.
- 2. Loss of Control: Individuals struggling with substance abuse often find it challenging to control or reduce their substance use, experiencing cravings and urges to continue using.
- 3. Negative Consequences: Substance abuse leads to negative consequences in various areas of life, such as physical health, mental well-being, relationships, work or academic performance, and legal issues.
- 4. Interference with Responsibilities: Substance abuse disrupts an individual's ability to fulfill their obligations and responsibilities at home, work, or school due to the preoccupation with obtaining and using substances.
- 5. Continued Use Despite Problems: Despite experiencing negative consequences, individuals with substance abuse continue to use substances, often disregarding the negative impact on their health, relationships, and overall quality of life.

To receive a diagnosis of a substance use disorder, an individual must exhibit a certain number of these characteristic criteria within a 12-month period (APA, 2013).

### Types of Trauma:

Acute Trauma
Chronic Trauma
Complex Trauma
Developmental Trauma

#### Types of Indirect Trauma



#### **Vicarious**

Continuous empathetic engagement with others' trauma changes the person's worldview and accumulates stress.



#### Secondary Traumatic Stress

Nearly identical to post-traumatic stress disorder (PTSD), involves reliving, avoidance, or hypervigilance in response to someone else's trauma.



#### **Compassion Fatigue**

Involves a reduced capacity to empathize after repeated, overwhelming exposure to others' trauma.



#### **Burnout**

Results from constraint in the working environment, producing stress symptoms of exhaustion, cynicism, and reduced efficacy.

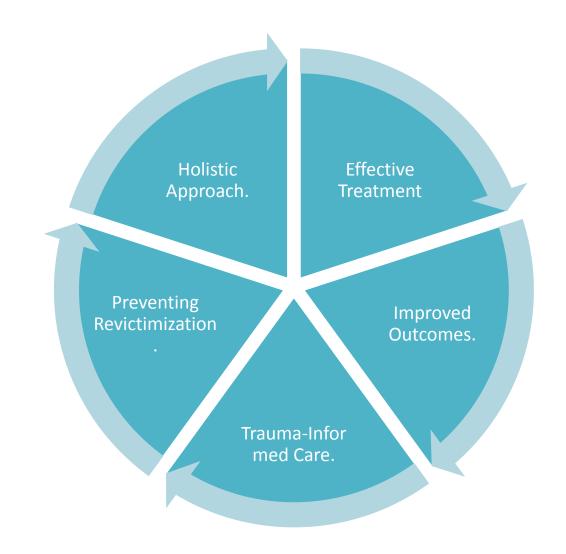


### WHY?

understanding the connection and co-occurrence of trauma and substance abuse is essential to provide effective, comprehensive, and trauma-informed care that supports individuals in their recovery journey and improves treatment outcomes.

//

# Understanding the Connection and Re-occurrence of Trauma and SUD



# Prevalence of Trauma and Substance Abuse Co-Occurrence:

Research indicates a high prevalence of trauma and substance abuse co-occurrence.

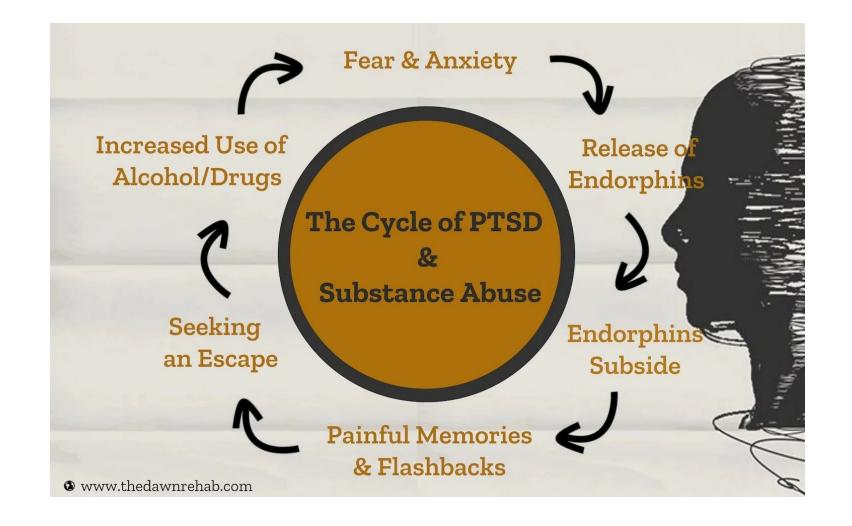
According to the National Survey on Drug Use and Health (NSDUH), around 55% of individuals with substance use disorders have experienced trauma.

Trauma increases the risk of developing substance abuse disorders and can complicate the recovery process.

("2021 national survey of drug use and health (NSDUH) releases," n.d.)

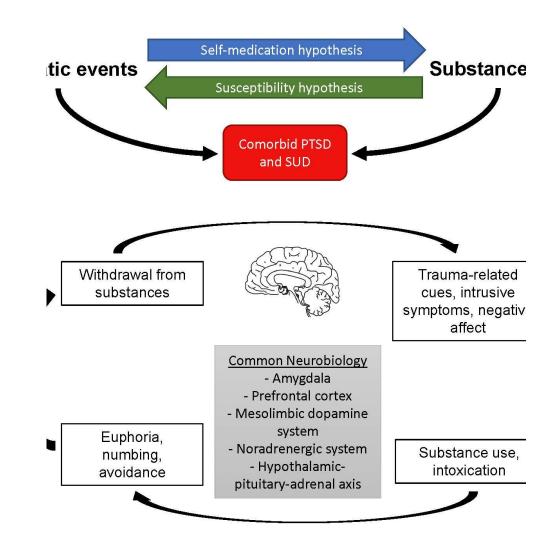
Stage of Trauma Response	Associated Substance Abuse Behaviors
1. Impact/Trigger Event	<ul> <li>Increased substance use as a coping mechanism to numb emotional pain or distress.</li> <li>Self-medication to alleviate trauma-related symptoms such as anxiety, insomnia, or flashbacks.</li> </ul>
2. Emotional Dysregulation	<ul> <li>Escalation of substance use to manage overwhelming emotions or regulate mood.</li> <li>Increased risk-taking behaviors, impulsivity, or self-destructive tendencies.</li> </ul>
3. Avoidance and Dissociation	<ul> <li>Substance use as a means to dissociate from traumatic memories or experiences.</li> <li>Engaging in substance use to avoid confronting distressing thoughts, emotions, or triggers associated with the trauma.</li> </ul>
4. Hyperarousal and Hypervigilance	<ul> <li>Use of substances to alleviate hyperarousal symptoms such as irritability, hypervigilance, or exaggerated startle response.</li> <li>Seeking substances to self-soothe and find temporary relief from heightened anxiety or agitation.</li> </ul>
5. Re-Experiencing and Intrusive Symptoms	<ul> <li>Substance use to suppress traumatic memories or intrusive thoughts.</li> <li>Substance abuse as a way to cope with nightmares, flashbacks, or other re-experiencing symptoms.</li> </ul>

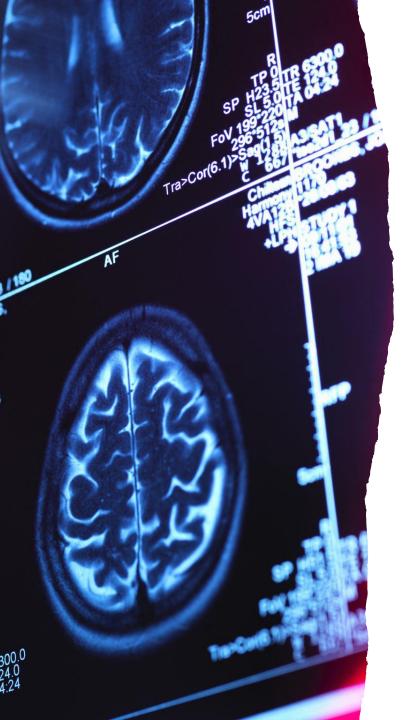
Trauma and Substance Abuse Co-Occurren ce



### Bidirectional Relationship:

- •Trauma can increase vulnerability to substance abuse as individuals may turn to substances as a coping mechanism.
- •Substance abuse, in turn, can increase the risk of trauma exposure and exacerbate trauma-related symptoms.





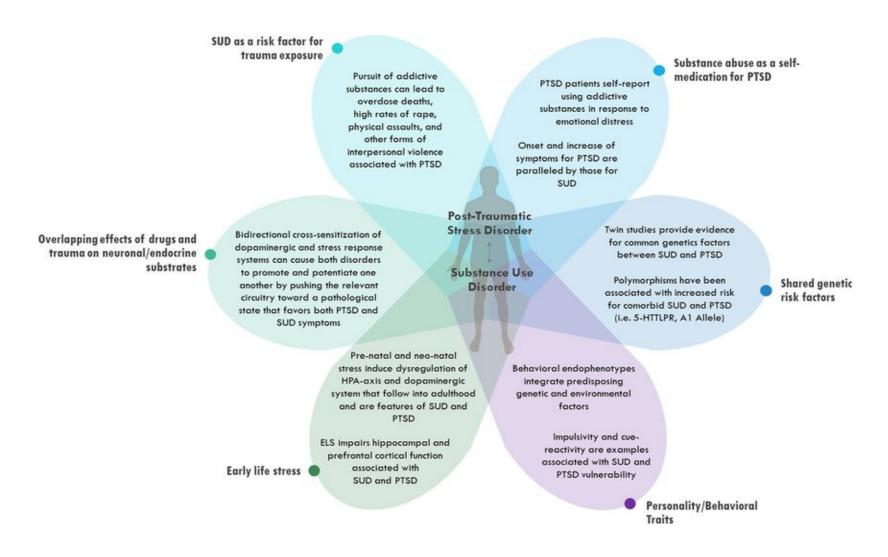
# Theoretical Perspectives

#### Self-Medication Hypothesis:

- •The self-medication hypothesis suggests that individuals with trauma histories may use substances to cope with trauma-related symptoms.
- •Substance use provides temporary relief from distress, numbs painful emotions, or helps regulate emotional dysregulation caused by trauma.
- •Research supports the self-medication hypothesis, highlighting the link between trauma, post-traumatic stress disorder (PTSD), and substance abuse.

#### **Emotional Dysregulation:**

- •Emotional dysregulation theory suggests that trauma-related emotional dysregulation contributes to substance abuse.
- •Individuals may turn to substances to regulate intense emotions, manage anxiety, or escape distressing memories associated with trauma.
- •Studies have shown that trauma survivors with higher emotional dysregulation are more likely to engage in substance abuse as a coping mechanism.



Mechanisms of shared vulnerability to post-traumatic stress disorder and substance use disorders

## Impact of Trauma on Substance Abuse:

Traumatic experiences can significantly impact the development and maintenance of substance abuse disorders.

Trauma-related symptoms, such as re-experiencing traumatic events, hyperarousal, and avoidance, can contribute to substance use as a maladaptive coping strategy.

Studies have shown that individuals with trauma histories are at higher risk for developing substance abuse disorders compared to those without trauma exposure.

(American Psychiatric Association, 2013, National Institute on Drug Abuse, 2021)

# Trauma-Induced Neurobiological Changes:

Trauma can lead to neurobiological changes that increase susceptibility to substance abuse.

Chronic stress and trauma alter the brain's reward system, leading to heightened cravings and a decreased ability to experience pleasure from natural rewards.

These neurobiological changes can reinforce substance use and contribute to the development of addiction.

(American Psychiatric Association, 2013)

Recognizing the impact of trauma on substance abuse is crucial in developing effective treatment interventions.



Integrated treatment approaches that address trauma-related symptoms and underlying trauma issues have shown better outcomes in treating substance abuse disorders in trauma survivors.

### Treatment Implications:

### Integrated Treatment Approaches

**Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)** - TF-CBT is an evidence-based approach that combines cognitive-behavioral techniques with trauma-focused interventions. it addresses trauma-related symptoms, builds coping skills, and reduces maladaptive behaviors, including substance use.

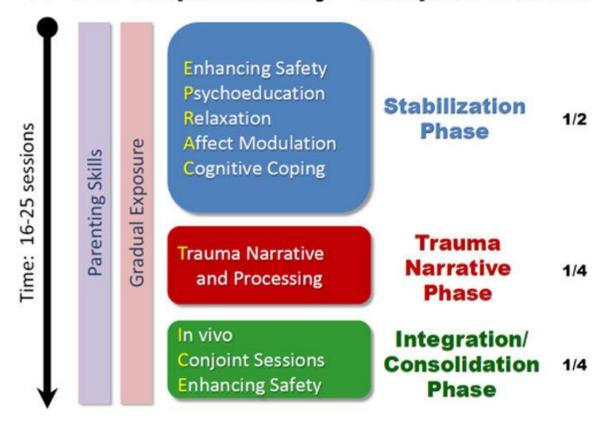
**Seeking Safety**. Seeking Safety is a present-focused, evidence-based therapy designed for individuals with trauma and substance abuse. It focuses on safety, grounding techniques, and coping skills to address trauma and substance use concurrently.

**Dialectical Behavior Therapy (DBT)**. DBT is an evidence-based therapy that incorporates mindfulness, emotional regulation, distress tolerance, and interpersonal effectiveness skills. It can be effective in treating trauma and substance abuse by providing skills to manage emotions, improve relationships, and reduce substance use.

**Eye Movement Desensitization and Reprocessing (EMDR).** EMDR is a therapeutic approach that utilizes bilateral stimulation to help individuals process and resolve traumatic memories. It can be integrated with substance abuse treatment to address underlying trauma and reduce cravings and triggers associated with substance use.

(National Institute on Drug Abuse, 2021; Shapiro, 2018).

#### **TF-CBT Proportionality – Complex Trauma**





# Integrated Treatment Approaches

**Mindfulness-Based Relapse Prevention (MBRP).** MBRP combines mindfulness practices with relapse prevention strategies to support individuals in recognizing triggers, managing cravings, and developing healthier coping mechanisms. It can be effective in addressing trauma-related issues alongside substance abuse.

**Psychodynamic Therapy.** Psychodynamic therapy focuses on exploring unconscious patterns and unresolved conflicts that contribute to both trauma and substance abuse. It aims to provide insight, promote self-awareness, and facilitate emotional healing.

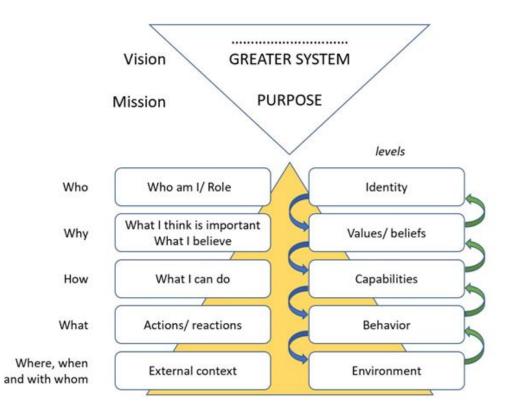
**Group Therapy and Support Groups.** Participation in group therapy or support groups specifically tailored for trauma and substance abuse can provide a sense of belonging, validation, and peer support. Group settings allow individuals to share experiences, learn from others, and develop healthier coping strategies.

**Holistic Approaches.** Integrating holistic approaches such as yoga, art therapy, equine-assisted therapy, and mindfulness practices can complement traditional treatment modalities. These approaches address the mind-body connection and provide additional avenues for healing and self-expression.

(National Institute on Drug Abuse, 2021; Mate, 2010).

### Something to Remember





The Neurological Levels Model of NLP



### Resources

Resource 1: National Institute on Drug Abuse (NIDA)

Website: www.drugabuse.gov

Description: NIDA is a valuable resource for evidence-based practices and research on substance abuse and co-occurring disorders. The website offers comprehensive information on various substances, treatment guidelines, research articles, and resources for both professionals and individuals seeking help.

Resource 2: Substance Abuse and Mental Health Services Administration (SAMHSA)

Website: www.samhsa.gov

Description: SAMHSA provides resources and guidance on trauma-informed care, including trauma-focused interventions and practices. Their website offers training materials, toolkits, and publications that can assist therapists in integrating trauma-informed approaches into their work with substance abuse clients.

Resource 3: International Society for Traumatic Stress Studies (ISTSS)

Website: www.istss.org

Description: ISTSS is a professional organization dedicated to trauma research, treatment, and education. Their website provides access to a wealth of resources, including research articles, practice guidelines, webinars, conferences, and opportunities for networking with experts in the field.

### References

- 1. 2021 national survey of drug use and health (NSDUH) releases. (n.d.). SAMHSA Substance Abuse and Mental Health Services Administration. https://www.samhsa.gov/data/release/2021-national-survey-drug-use-and-health-nsduh-releases
- 2. American Psychiatric Association. (2013). Diagnostic and statistical manual of mental disorders (5th ed.). American Psychiatric Publishing.
- 3. Brewer, J. A., Mallik, S., Babuscio, T. A., Nich, C., Johnson, H. E., Deleone, C. M., ... & Rounsaville, B. J. (2011). Mindfulness training for smoking cessation: Results from a randomized controlled trial. Drug and Alcohol Dependence, 119(1-2), 72–80. https://doi.org/10.1016/j.drugalcdep.2011.05.027
- 4. Leichsenring, F., & Klein, S. (2014). Evidence for psychodynamic psychotherapy in specific mental disorders: A systematic review. Psychoanalytic Psychotherapy, 28(1), 4–32. https://doi.org/10.1080/02668734.2013.865500
- 5. María-Ríos, C. E., & Morrow, J. D. (2020). Mechanisms of shared vulnerability to post-traumatic stress disorder and substance use disorders. Frontiers in Behavioral Neuroscience, 14. https://doi.org/10.3389/fnbeh.2020.00006
- 6. Mate, G., & Levine, P. (2010). In the realm of hungry ghosts: Close encounters with addiction. (2010). North Atlantic Books.
- 7. National Institute on Drug Abuse. (2021). Substance use and co-occurring mental health disorders. Retrieved from <a href="https://www.drugabuse.gov/publications/drugfacts/substance-use-co-occurring-mental-health-disorders">https://www.drugabuse.gov/publications/drugfacts/substance-use-co-occurring-mental-health-disorders</a>
- 8. Substance Abuse and Mental Health Services Administration. (2019). Key substance use and mental health indicators in the United States: Results from the 2018 National Survey on Drug Use and Health (HHS Publication No. PEP19-5068, NSDUH Series H-54). Retrieved from <a href="https://www.samhsa.gov/data/report/2018-nsduh-annual-national-report">https://www.samhsa.gov/data/report/2018-nsduh-annual-national-report</a>
- 9. Shapiro, F. (2018). Eye movement desensitization and reprocessing (EMDR) therapy: Basic principles, protocols, and procedures (3rd ed.). Guilford Press.
- 10. Tracy, K., Burton, M., & Nich, C. (2011). Rethinking group treatment for substance abuse: Evidence-based models and practice standards. Guilford Press.
- 11. Witkiewitz, K., & Bowen, S. (2010). Depression, craving, and substance use following a randomized trial of mindfulness-based relapse prevention. Journal of Consulting and Clinical Psychology, 78(3), 362–374. <a href="https://doi.org/10.1037/a0019172">https://doi.org/10.1037/a0019172</a>