Addiction and Trauma

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Vida Psychotherapy
Objectives:

Participants will:
1. Define addiction and trauma.
2. Describe the brain’s role in trauma and addiction - “brain disease”
3. Explain the trauma and addiction loop.
4. Recognize crisis and need for referral as ethical best practice: continued use/OD, withdrawals, suicidality.
5. Demonstrate treatment recommendations and interventions, including mindfulness.
What is it?

• **Addiction**: Any dysfunctional and habitual form of coping with emotions, such as...

  This leaves the root problem unaddressed, the emotional need unmet, creating a feedback loop. Organizing their life around the addiction. (Abel & O’Brien)

• **Trauma**: When an event or situation in the past overwhelmed a person’s ability to cope, creating an emotional wound, leaving enduring physiological and psychological distress and adaptation. This also can create a feedback loop.
Wile E Coyote: Middle aged male coyote, under nourished, no supportive family, little socialization.
“Being traumatized means continuing to organize your life as if the trauma were still going on—unchanged and immutable—as every new encounter or event is contaminated by the past.”

(Van Der Kolk, 2014, 53)
Disease model of Addiction
Is it...

**Use** – casual, infrequent

**Abuse** – tolerance

**Dependence** - physical

**Addiction** - life centered

**Substance Use Disorder** – DSMV

Addiction is the only disease in the world where one minute you look your mother in the eyes and sincerely tell her you’re done using. Then the next minute you’re in a bathroom stall with a needle in your arm, tears streaming down your face as you use against your own will.

#TheAddictsDiary
IT'S SAD HOW WILE E. COYOTE IS REMEMBERED FOR HIS VIOLENCE,
AND NOT FOR HIS BRILLIANT PAINTINGS OF TUNNELS
Connecting **Addiction & Trauma**

- Executive Functioning (*Decision Making – choice argument*)
  - Trauma hijacks the usual ‘top down processing’ (Levine, 2010).
  - Automatic prioritizing of needs (McCauley, 2010, *Pleasure Unwoven*)

- Shame and blame

- Clinical issues with stages of change (Abel & O’Brien)

- **Trauma** ➔ **PTSD** ➔ **Use** ➔ **Relief**
Un-firing and Un-wiring; escaping the limbic system.
Starting Treatment:
Do not rush into treating trauma!

**BEGIN:**
- Build relationship
- Safety (harm reduction/abstinence)
- Teach coping/resourcing skills
- Medication management

**THEN:**
- Utilize Methodologies
Wile is court-ordered to treatment...

**Addressing Addiction**
- Assessment (ASAM)
- Treatment approach

**Addressing Trauma**
- Assessment (biopsychosocial)
- Therapeutic approach
Wile is court-ordered to treatment...

**Addressing Addiction**
- Assessment (ASAM)
- Treatment approach
- Relapse Prevention

**Addressing Trauma**
- Assessment
- Therapeutic approach
- Processing trauma
- Increased symptoms & emotional distress
Relapse Prevention Planning

-Triggers (Internal and External)
-Red Flags
-Coping Skills/Resourcing
*Positive Self Talk
-Professional Support System
-Personal Support System
-What do I need? (HALTS)

Keep a copy of this plan in a place where you can access it easily and use it when you are struggling with difficult emotions, thoughts, and decisions. If you are having thoughts of suicide or self-harm to immediately go to the nearest hospital, call the suicide hotline 1-800-273-8255, or call 911.

Client signature

Clinician signature
Wile is court-ordered to treatment...

**Addressing Addiction**
- Assessment (ASAM)
- Treatment approach
- Relapse Prevention & Triggers*
- Relapse Processing

**Addressing Trauma**
- Assessment
- Therapeutic approach
- Processing trauma
- Increased symptoms & emotional distress
Wile is court-ordered to treatment...

**Addressing Addiction**
- Assessment (ASAM)
- Treatment approach
- Relapse Prevention & Triggers*
- *Relapse Processing*
  - Coping skills
  - Create Recovery Lifestyle
  - Eliminate addictive behavior

**Addressing Trauma**
- Assessment
- Therapeutic approach
- Processing trauma
- Increased symptoms & emotional distress
  - Coping skills
  - Decreasing trauma symptoms
  - Increasing daily function
Questions to ask for possible referral:

- Does the client report current daily substance use or issues with basic functioning? *Higher level of care may be required to interrupt use – review ASAM dimensions/criteria*
- Is the client using opiates, benzos, or alcohol, which could lead to life-threatening **withdrawals**? *Medical intervention/inpatient*
- Are the client’s PTSD-type symptoms and/or substance use persisting despite your standard clinical interventions? *Scope of practice, review DSMV*
- Is the client **suicidal** or at risk for **overdose** (during and after treatment)? *Harm reduction, safety planning*
ADDICTION RECOVERY GROUP

For adults seeking support in ongoing recovery from chemical addiction.

Jen Gauerke, LMHC, CADC, is starting a new recovery group at Vida Psychotherapy in West Des Moines. This group will educate about the aspects of recovery, the impact of trauma, and the shame of addiction. It will also provide a setting to explore self and relationships with a caring group of adults who are striving for a better life and continued recovery. This is not a 12 Step group and is not a replacement for intensive inpatient treatment or individual therapy.

Time and dates will be determined as group members meet with Jen for intake interviews and according to the availability of membership. Some insurance providers may cover the cost of services, or the out-of-pocket fee is $100 for intake and $32 per group.

Contact
Jen Gauerke
(515)528-7892
To schedule an intake session
jen@vidapsychotherapy.com

STARTING SOON!
GROUP WILL BE LIMITED TO 8 PARTICIPANTS

Flyers available for groups!
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Addiction Treatment Approaches

- Motivational Interviewing (MI)
- CBT
- Acceptance and Commitment Therapy (ACT)
- EMDR
- Mindfulness-Based Relapse Prevention
- Mindfulness-based Stress Reduction (MBSR)
- Groups, including community based. (AA, NA, SMART, Celebrate, Refuge Recovery)
- Psychiatry – medication management
  - Including MAT (as needed for opiate and alcohol-related disorders)
- Psychoeducation and early intervention
- Case management
- Trauma Informed Care in Substance Abuse Counseling
Trauma Processing Approaches

- Narrative (Trauma Focused CBT)
- Eye Movement Desensitization Reprocessing (EMDR)
- Somatic Experiencing
- Creative Stress Reduction (Yoga, art, etc.)
- Dialectical Behavioral Therapy
- Attachment/EFT for Individuals
- Emotionally Focused Therapy (for couples triggering each other)
- Prolonged Exposure, Rewind Technique, Brainspotting (suggested by attendees)
Meet client where they are with the Hexaflex (addiction may start with acceptance)

- Be here now
- Know what matters
- Do what it takes
- Pure awareness
- Watch your thinking
- Open Up
EMDR & Window of Tolerance

**Window of Tolerance - Trauma/Anxiety Related Responses:**

- **Hyper-Aroused**
  - Fight/Flight Response
  - Causes to go out of the window of tolerance:
    - Fear of...
    - Unconscious Thought & Bodily Feeling: Control, Unsafe, I do not exist, Abandonment, Rejection
  - Trauma-Related Core Beliefs about self are triggered:
    - Emotional & Physiological Dysregulation occurs

- **Comfort Zone**
  - Emotionally Regulated
  - Calm, Cool, Collected, Connected
  - Ability to self-soothe
  - Ability to regulate emotional state

- **Freeze Response**
  - Hypon-Aroused
  - Feign Death Response
  - Dissociation
  - Not Present
  - Unavailable/ Shut Down
  - Memory Loss

- **Hyper-Aroused**
  - Rigidness
  - Obsessive-Compulsive Behavior or Thoughts
  - Over-Eating/Restricting
  - Addictions
  - Impulsivity

**To Stay in the Window of Tolerance:**

- Mindfulness—Being Present, in Here-n-Now
- Grounding Exercises
- Techniques for Self-Soothing, Calming the Body & Emotional Regulation
- Deep, Slow Breathing
- Recognize Limiting Beliefs, Counter with Positive Statements About Self, New Choices

**Staying within the window allows for better relationship interactions.**
Polyvagal Theory Chart

The nervous system with a neuroception of threat:

FREEZE
Collapse • Immobility
Conservation of Energy

DORSAL VAGAL
(LIFE THREAT)
Hyporarousal

Shame
Hopelessness
Preparation for death
Trapped

Dissociation
Depression
Raised pain threshold
Helplessness

PARASYMPATHETIC NERVOUS SYSTEM
DORSAL VAGAL COMPLEX

Increases
Fuel storage & insulin activity • Immobilization behavior (with fear)
Endorphins that help numb and raise the pain threshold
Conservation of metabolic resources

Decreases
Heart Rate • Blood Pressure • Temperature • Muscle Tone
Facial Expressions & Eye Contact • Depth of Breath • Social Behavior
Attunement to Human Voice • Sexual Responses • Immune Response

SYMPATHETIC NERVOUS SYSTEM

Increases
Blood Pressure • Heart Rate • Fuel Availability • Adrenaline
Oxygen Circulation to Vital Organs • Blood Clotting • Pupil Size
Dilation of Bronchi • Defensive Responses

Decreases
Fuel Storage • Insulin Activity • Digestion • Salivation
Relational Ability • Immune Response

The nervous system with a neuroception of safety:

SOCIAL ENGAGEMENT
Calmness in connection
Settled
Groundedness

Connection • Safety
Oriented to the Environment

VENTRAL VAGAL
(SAFETY)
Curiosity/Openness
Compassionate
Mindful / in the present

PARASYMPATHETIC NERVOUS SYSTEM
VENTRAL VAGAL COMPLEX

Increases
Digestion • Intestinal Motility • Resistance to Infection
Immune Response • Rest and Recuperation • Health & Vitality
Circulation to non-vital organs (skin, extremities)
Oxytocin (neuromodulator involved in social bonds that allows immobility
without fear) • Ability to Relate and Connect
Movement in eyes and head turning • Prosody in voice • Breath

Decreases
Defensive Responses

"I CAN'T"
Rage
Panic
Irritation
Anxiety

"I CAN"
Fear
Anger
Irritation
Worry & Concern

AROUSAL INCREASES

DEACTIVATION

VVC is the beginning and end of stress response.
When VVC is dominant, SNS and DVC are in transient blends which promote healthy physiological functioning.

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Mindfulness and Meditation

“Mindfulness is the process of ‘paying attention in a particular way: on purpose, in the present moment, and non-jugmentally.’”

Benefits:
- Structural Brain Changes
- Reduced Autonomic Arousal
- Perceptual Shift
- Increase in Spirituality
- Greater Situational awareness
- Values Clarification
- Increase in Self Awareness
- Addiction Substitution
- Urge Surfing
- Letting Go

https://doi.org/10.1007/s11469-016-9653-7

“Beauty of Silence” by Gloria Rothrock
What are we bringing to the relationship?

- Remember self care!
- Personal trauma of therapist
- Negative core beliefs about addiction and trauma
- Countertransference
References

• Understanding Addiction as a disease video. https://youtu.be/-6GMwAsdCOI
• The Body Keeps the Score: Brain, Mind, and Body in the Healing of Trauma (van der Kolk, 2015: Penguin Group)
• Unspoken Voice: How the Body Releases Trauma and Restores Goodness (Levine, 2010)
• Treating Addictions with EMDR Therapy and the Stages of Change (Abel & O’Brien, 2015)
Suggested Readings

• Co-occurring Disorders: Integrated Assessment and Treatment of Substance Use and Mental disorders (Atkins, 2014)

• Integrated Dual Disorders Treatment Revised: Best Practices, Skills, and Resources for Successful Client Care (Dartmouth, 2015)

• Seeking Safety: A Treatment Manual for PTSD and Substance Abuse (Najavits, 2002) - IPV/DV specific

• The Body Keeps the Score: Brain, Mind, and Body in the Healing of Trauma (van der Kolk, 2015)

• In An Unspoken Voice: How the Body Releases Trauma and Restores Goodness (Levine, 2010)

• In the Realm of Hungry Ghosts: Close Encounters with Addiction (Mate, 2010)

• Trauma Stewardship: an everyday guide to caring for self while caring for others (van Dernoot, 2007)
Suggested Readings, continued...

• Treating Addictions with EMDR Therapy and the Stages of Change (Abel & O’Brien, 2015)
• Rewiring the Addicted Brain; an EMDR-based treatment model for overcoming addictive disorders (Parnell, 2018)
• ACT made simple (Harris, 2009) at: https://www.actmindfully.com.au/upimages/ACT_Made_Simple_Introduction_and_first_two_chapters.pdf
• EMDRandbeyond.com & EMDRIA
• Disordered Eating- Women, Food, and God (Roth, 2010)
• Sex addiction - Naked in Public (Sprout, 2015)