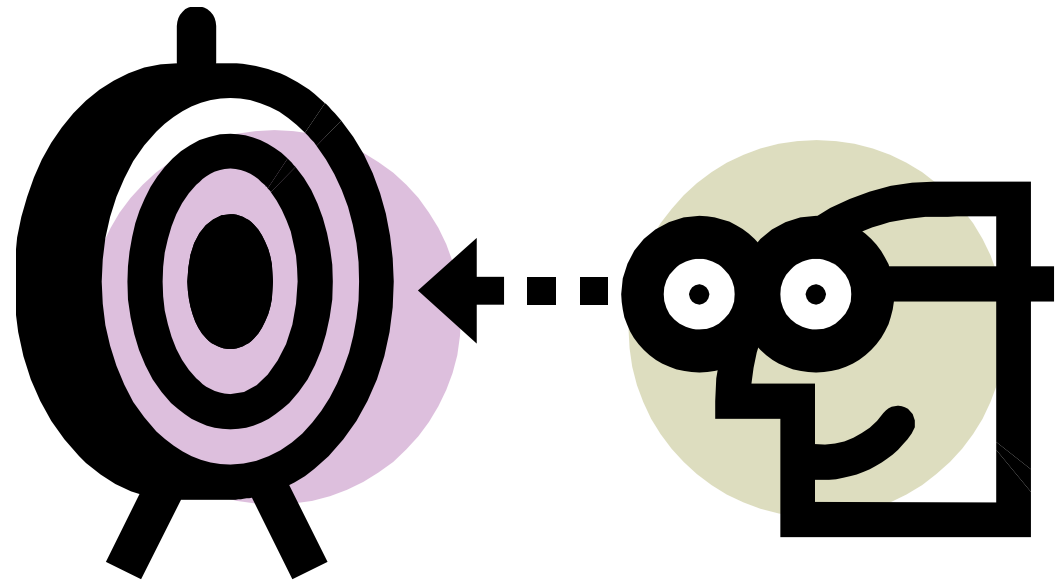


Integrating Trauma Informed Care and Substance Abuse Treatment

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Training Objectives

- ▶ **Establish the strong linkage and evidence support for trauma and substance use**
- ▶ **Discuss implications for trauma/ substance abuse nexus for treatment**





RUN DMC

Trauma is the “Gateway Drug”
Self-Medicating Hypothesis ~
How people cope with overwhelming distress



**Trauma increases the risk of developing
Substance Abuse and Substance Abuse increases
the risks of experiencing trauma**



Study links opioid abuse to childhood emotional trauma

Wakefield ~ University of Vermont

- ▶ Emotional abuse much more strongly correlated with addiction than childhood sexual and physical abuse or maltreatment such as neglect
- ▶ “Much easier to put blame on abuser” – (hypothesizing why emo abuse > phys abuse)



Physical pain vs Emotional pain



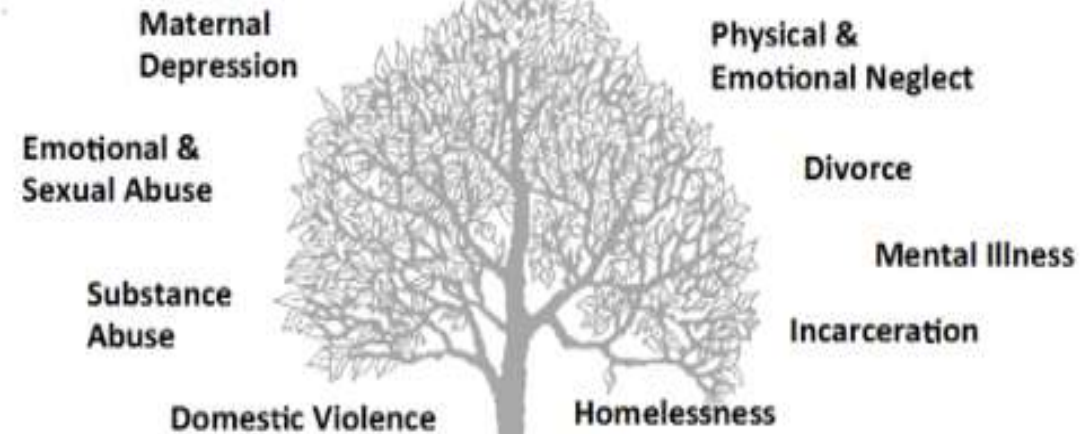
What the Columbine Shooting taught me about pain and addiction |
Austin Eubanks | TEDxMileHigh

TEDx Talks

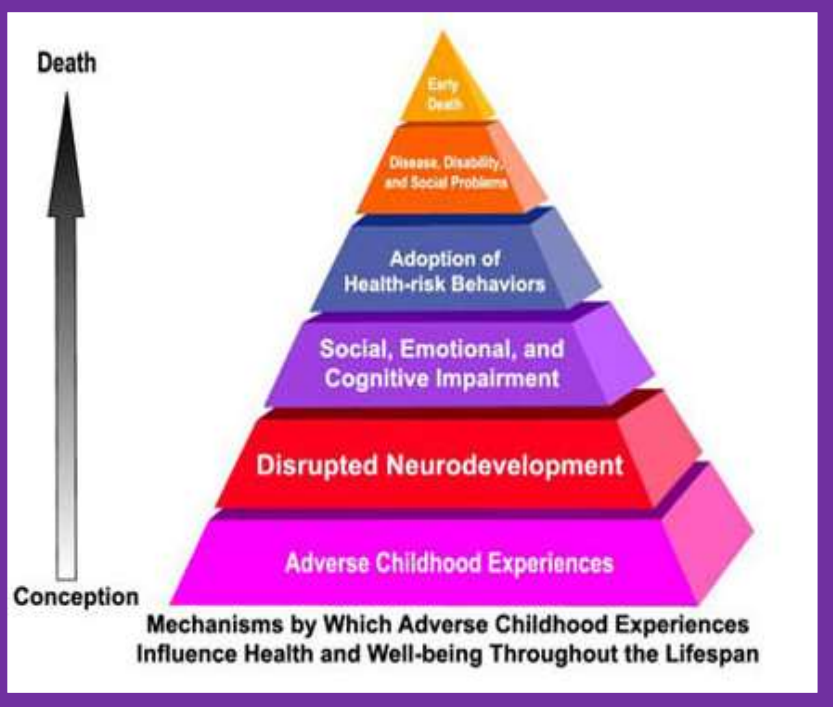
ACES Research

The Pair of ACEs

Adverse Childhood Experiences



Adverse Community Environments



ACES Finding

People w/ ACE score of 6+ are 4,600 % more likely to abuse IV drugs (than people with 0 Ace's)



Treating people's solutions as problems?

**If Obesity is not the core problem,
weight-loss is not going to be the solution.**



1986

**In < 1 year
back over 400 lbs.**

From Felitti PPT



1987

Vincent Felitti MD

Final insights from the ACE Study – Vincent Felitti, MD

- ▶ ACE's are common but overwhelmingly unrecognized
- ▶ Their link to major problems later in life is strong, proportionate & logical
- ▶ They are the nation's most basic public health problem
- ▶ It is comforting to mistake intermediary mechanism for basic cause
- ▶ What presents as the problem may be a patient's attempted solution
- ▶ Treating their solution may be threatening & cause flight from treatment
- ▶ Primary prevention is presently the only realistic population approach



Ritualized Compulsive Comfort Seeking?

Substance-abuse doc says: Stop chasing the drug! Focus on ACEs.

 JANE STEVENS ○ 5/1/17 @ 8:18 PM *



He says: Addiction shouldn't be called "addiction". It should be called "ritualized compulsive comfort-seeking".

Rat Park study



ASAM definition of addiction



DEFINITION

Addiction is a primary, chronic disease of brain reward, memory, & related circuitry. Dysfunction in these circuits leads to characteristic biological, psychological, social, & spiritual manifestations. This is reflected in an individual pathologically pursuing reward and/or relief by substance use and other behaviors.

Medical Model approach to Addiction vs. Trauma Informed

Disease

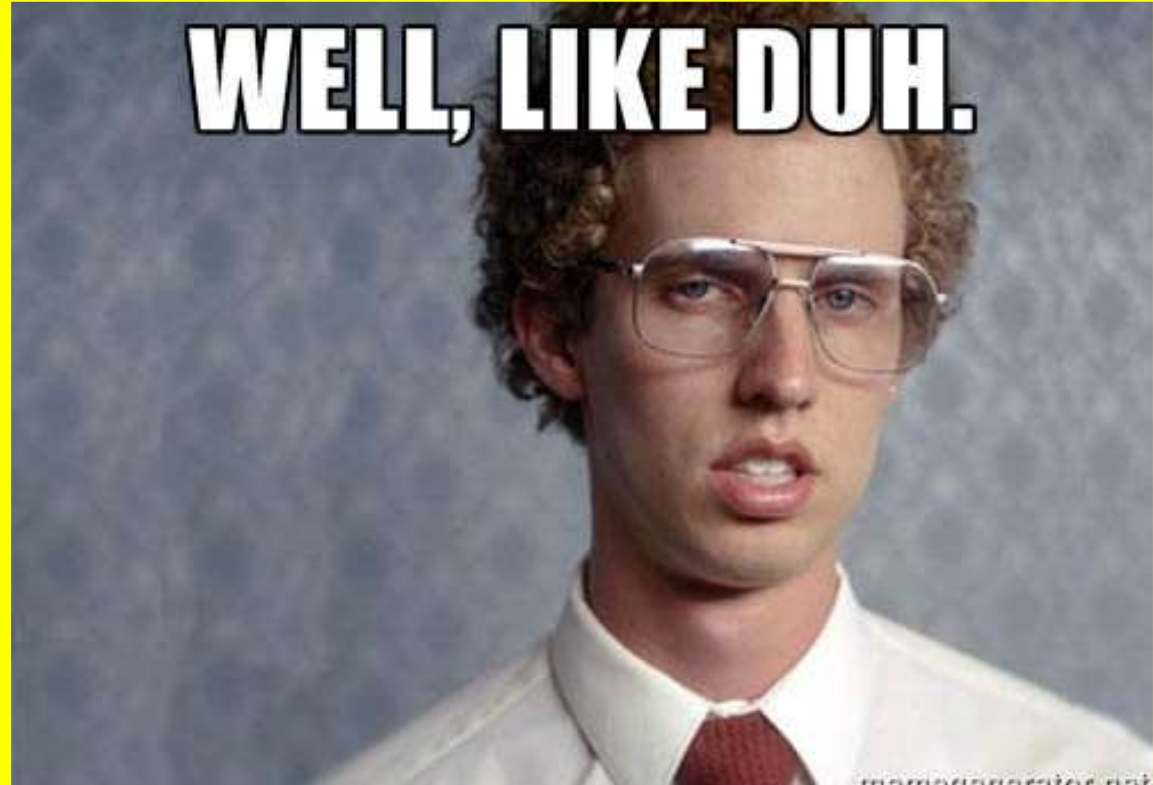
- ▶ What's wrong with you?
- ▶ Chronic brain disease
- ▶ Pathological pursuit of reward/relief
- ▶ Occurs within individual's brains
- ▶ Genetic codes

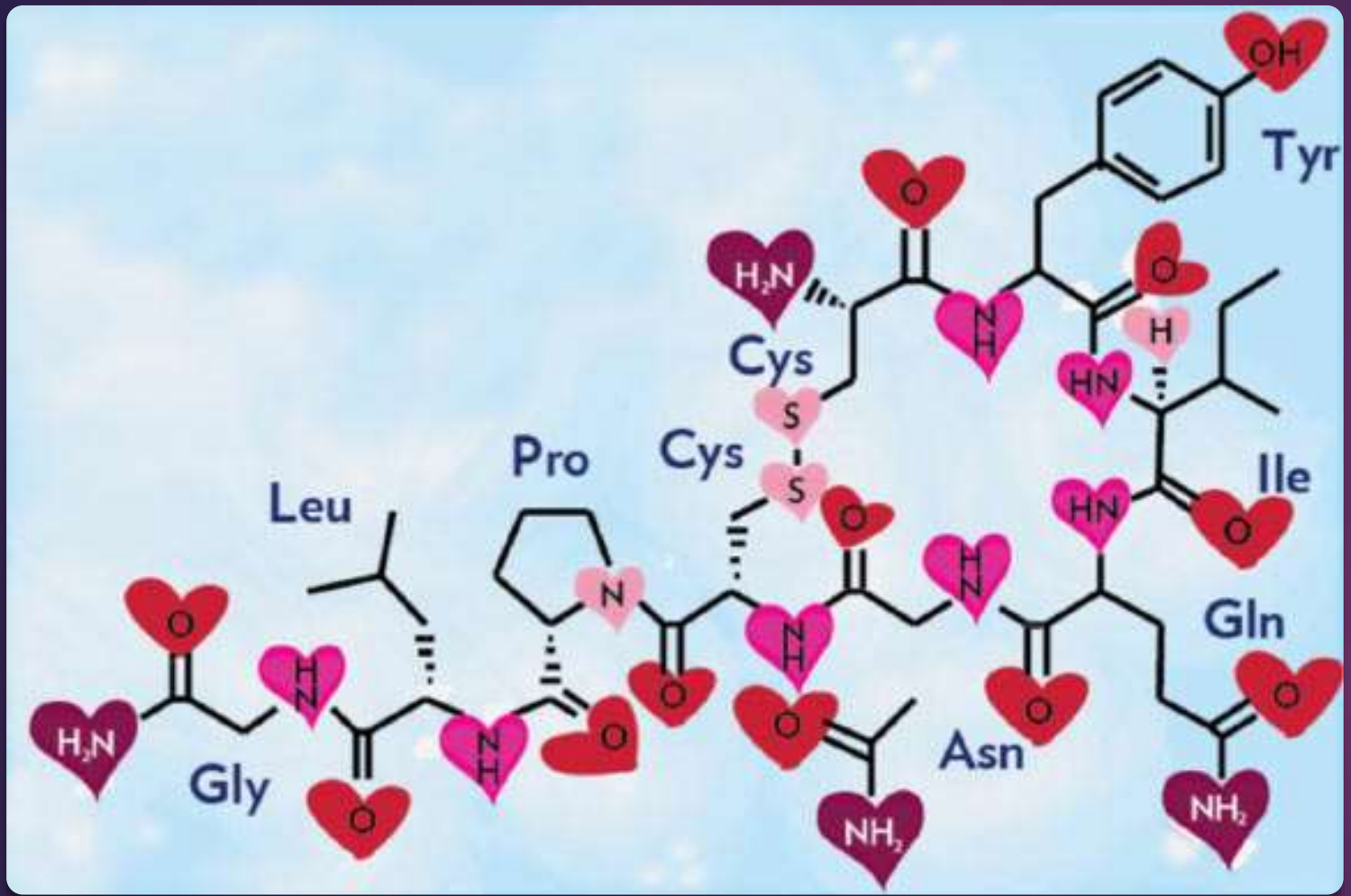
Distress

- ▶ What happened to you?
- ▶ Normal reaction to abnormal experiences
- ▶ Coping with overwhelming pain
- ▶ Occurs within context/families/communities
- ▶ Zip codes?

What difference does it make in
how we treat?

WELL, LIKE DUH.





More
Oxytocin >

Less
Oxycontin

Implications of TIC



Facilitates integration – TIC framework encompasses physical, mental, behavioral, social, spiritual approaches.

“ACE’s should be taken like Blood Pressure”

Moves us beyond Medical Model myopia?

Implications (Cont'd)

- Instills more hope? “What can be hurt can be healed”
- Better supports self-understanding and self-compassion
- Encourages more “recovery work”, less passivity & focus on compliance?



Implications (Cont'd)



Emphasize listening & empathy

Teach emotional regulation, mindfulness, distress tolerance

“Feeling safety in the presence of pain” - Briere

How can we better educate about trauma?

How can we better assess for trauma?

Implications (Cont'd)

Focus on social justice, poverty, child-care, (more)

Prevention



Developing Resiliency ~ How can we do it?



“

What if the opposite of
addiction...

”

IS NOT SOBRIETY, BUT CONNECTION?



Johann Hari

What's in your Toolkit?

Trauma Informed Inventory

What's in your Tool-Kit?

- I instill hope in my members and myself in the following 3 ways
a.) _____ b. _____ c. _____
- I educate members about trauma impacts by _____ and _____
- I assist members in recognizing and reframing many of their symptoms as coping strategies and adaptations to traumatic stress.
- I can create a safe "space" to talk about difficult experiences by:

- I regularly include fun activities with my members, such as:
- I model & teach three different ways to regulate emotion and self-soothe.
a.) _____ b. _____ c. _____
- I improve cognitive processing and help correct cognitive distortions in the following three ways.
a. _____ b. _____ c. _____
- I consistently include experiences that enhance my members' awareness of mind/body connections (ex: Zumba, Yoga, Meditation)
- I assist my member's in finding and creating social supports with friends, family and community resources. How?
- I take care of myself consistently in the following three ways:
a. _____ b. _____ c. _____

Starting Dialogues about Trauma

Stars Behavioral Health Group

DO YOU KNOW SOMEONE WHO HAS BEEN TRAUMATIZED?



What is Trauma?

Trauma is when horrible things happen to people. Trauma might occur when someone experiences terrifying events such as accidents, crime and violence and they fear that they may be seriously hurt or die. Trauma may also occur in situations where people are neglected, abused and feel unsafe for long periods of time.



What does Trauma do to People?

Trauma affects different people in different ways. The effects of trauma may be immediate, or develop over time and last for years, such from negative things that happened in childhood. Trauma also has a big effect on people's physical and emotional well-being. It can lead to the following difficulties:

- Tenseness
- Unable to relax
- Intense Fear
- Feeling Helpless/Hopeless
- Feeling Worthless
- Nervousness
- Feeling tired
- Not able to pay attention or focus
- Uncontrolled anger
- Suicidal thoughts/Actions
- Physical health problems
- Sadness/depression
- Unable to take one's mind off the event
- Feeling stuck



How do People Cope with Trauma?

People try many different things to cope with the overwhelming pain and fear that can result from trauma. Some of these activities provide temporary relief, but often make the situation worse over time.

- Fighting
- Being numb, emotionless
- Drinking, using drugs
- Not trusting anyone
- Getting into bad or abusive relationships
- Cutting, hurting oneself
- Taking high risks
- Eating too much or too little
- Isolating, staying home

Healthier options include:

- Exercise
- Taking walks
- Breathing exercises
- Talking with friends
- Having fun
- Getting informed
- Meditation
- Joining a faith community
- Helping others

What can be done...that helps?

There is **HOPE**. Many people who have been traumatized are able to heal and go on to lead very meaningful and productive lives. It's important for them to know that it's not their fault – but it is their responsibility to help themselves and get the help they need. If you or someone you care about has been traumatized, please talk to us about how we can help.

Visit www.website.com for helpful resources. At our agency, please contact: _____

TR-01



Questions?

Comments?