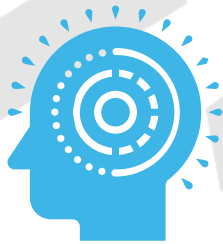




Caring through COVID-19

Trauma & Addiction-Down the Rabbit Hole

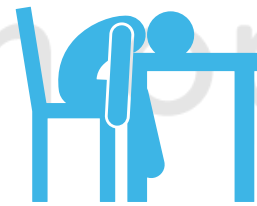
Debra Luther, Ph.D., CCTP
Vice President, Clinical Services



Anxiety



Depression

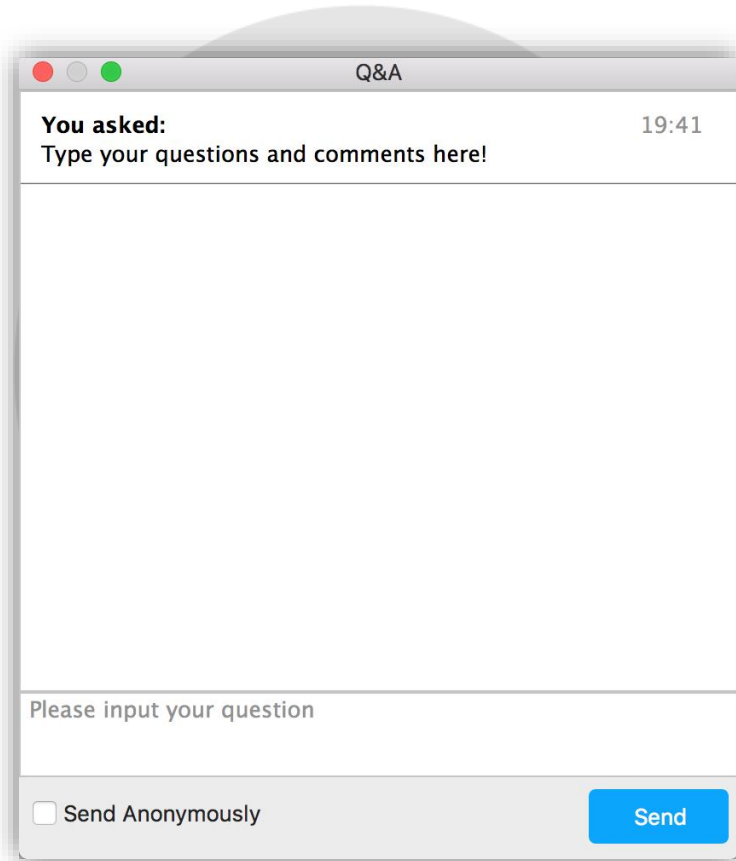


Job loss



**Working
remotely**

Housekeeping Items



A screenshot of a web-based Q&A interface. The window has a title bar with 'Q&A' and standard OS window controls. Inside, it says 'You asked: 19:41' and 'Type your questions and comments here!'. Below this is a large text area for input. At the bottom, there is a label 'Please input your question', a checkbox for 'Send Anonymously', and a blue 'Send' button. A blue arrow points from the list of housekeeping items on the right towards this Q&A window.

1. Today's webinar is 1 hour including Q&A.
2. All participants will be muted during the webinar.
3. Polls will be used during the presentation. Please answer to be part of the discussion.
4. Please use the Q&A function. We will monitor questions throughout and answer as many as possible at the end.
5. This webinar is being recorded and will be posted within 24 hours at www.beaconhealthoptions.com/coronavirus/ so you have continued access to the information and resources.

PLEASE NOTE: This presentation provides some general information that is subject to change and updates. It should not be construed as including all information pertinent to your particular situation or providing legal advice or medical advice, diagnosis or treatment of any kind. For legal advice, we encourage you to consult with your legal counsel regarding the topics raised in this presentation. At all times, please use your own independent medical judgment in the diagnosis and treatment of your patients.

Today's speaker



Debra Luther, Ph.D., CCTP
Vice President, Clinical Services



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Learning Objectives

1

- Understand the impact of trauma on the addiction cycle

2

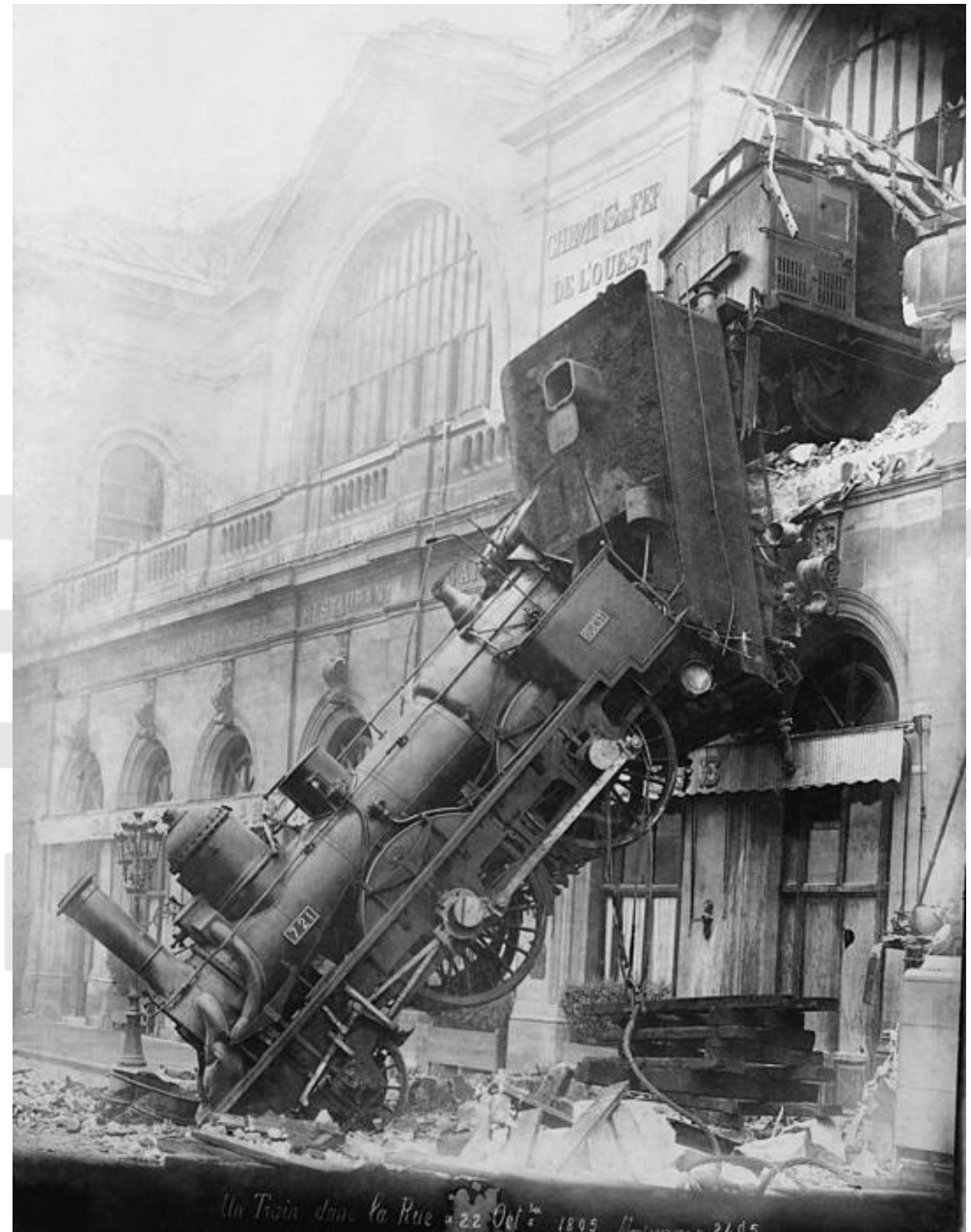
- Be able to utilize non-stigmatizing language when discussing addiction

3

- Identify 3 ways to support an individual with comorbid trauma exposure and a substance use diagnosis

Trauma – Timeline from discovery to dialogue

- 1867 identified as 'railway spine'
- 1890's Freud and Breuer writings on incest
- 1917 term 'shellshock' banned by British
- 1980 DSM inclusion of PTSD
- 1998 ACE study



How many of you are familiar with the ACEs?

No, not these...



Adverse Childhood Experiences Study (Felitti et al 1998)

- **ACEs are common.** About 61% of adults surveyed across 25 states reported that they had experienced at least one type of ACE, and nearly 1 in 6 reported they had experienced four or more types of ACEs.
- **Some children are at greater risk than others.** Women and several racial/ethnic minority groups were at greater risk for having experienced 4 or more types of ACEs.

Abuse

- Physical
- Sexual
- Emotional

Neglect

- Physical
- Emotional

Household Dysfunction

- Addiction
- Incarceration
- Divorce
- Domestic violence
- Mental illness

ACES and Addiction

Experiencing 4 or more adverse childhood experiences raises your adult alcoholism risk by more than 700%.

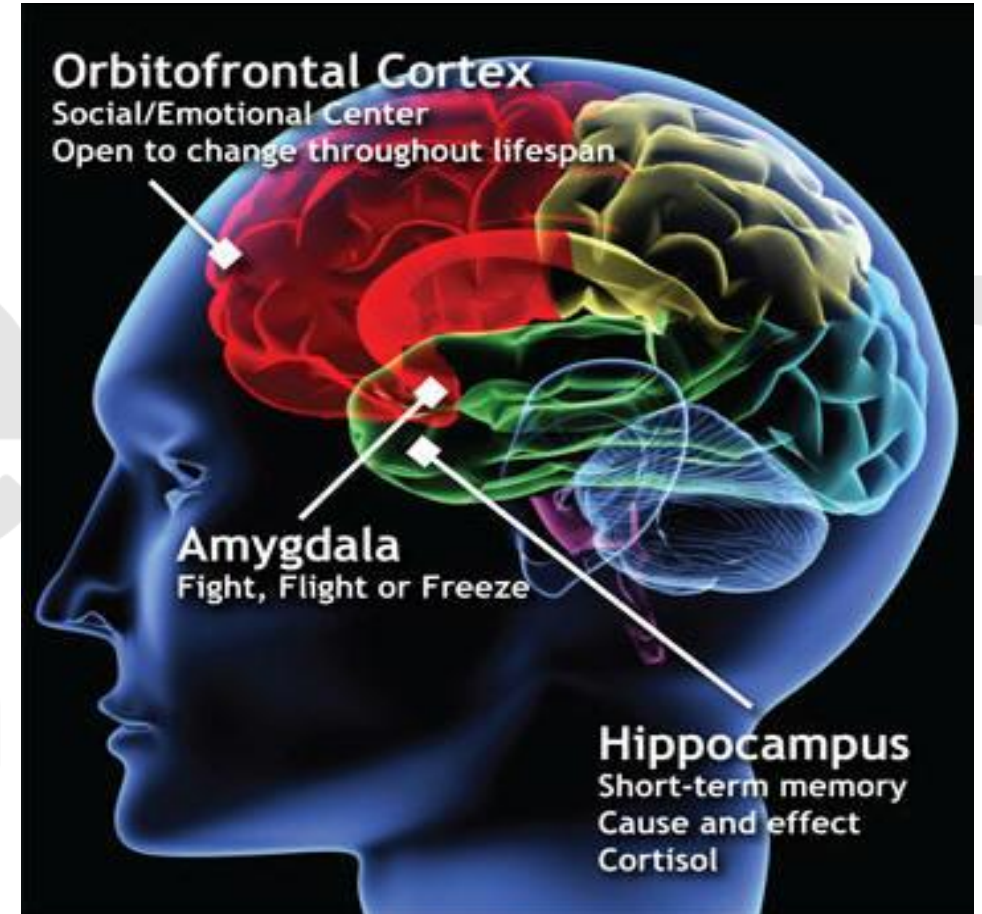
A male with an ACE score of 6 is 46 times more likely to become an injection drug user at some time in life than a male with an ACE score of 0.

22-43% of people living with PTSD have a lifetime prevalence rate of substance use disorders and the rate for veterans is as high as 75% (Jacobsen, Southwick, & Kosten, 2001)



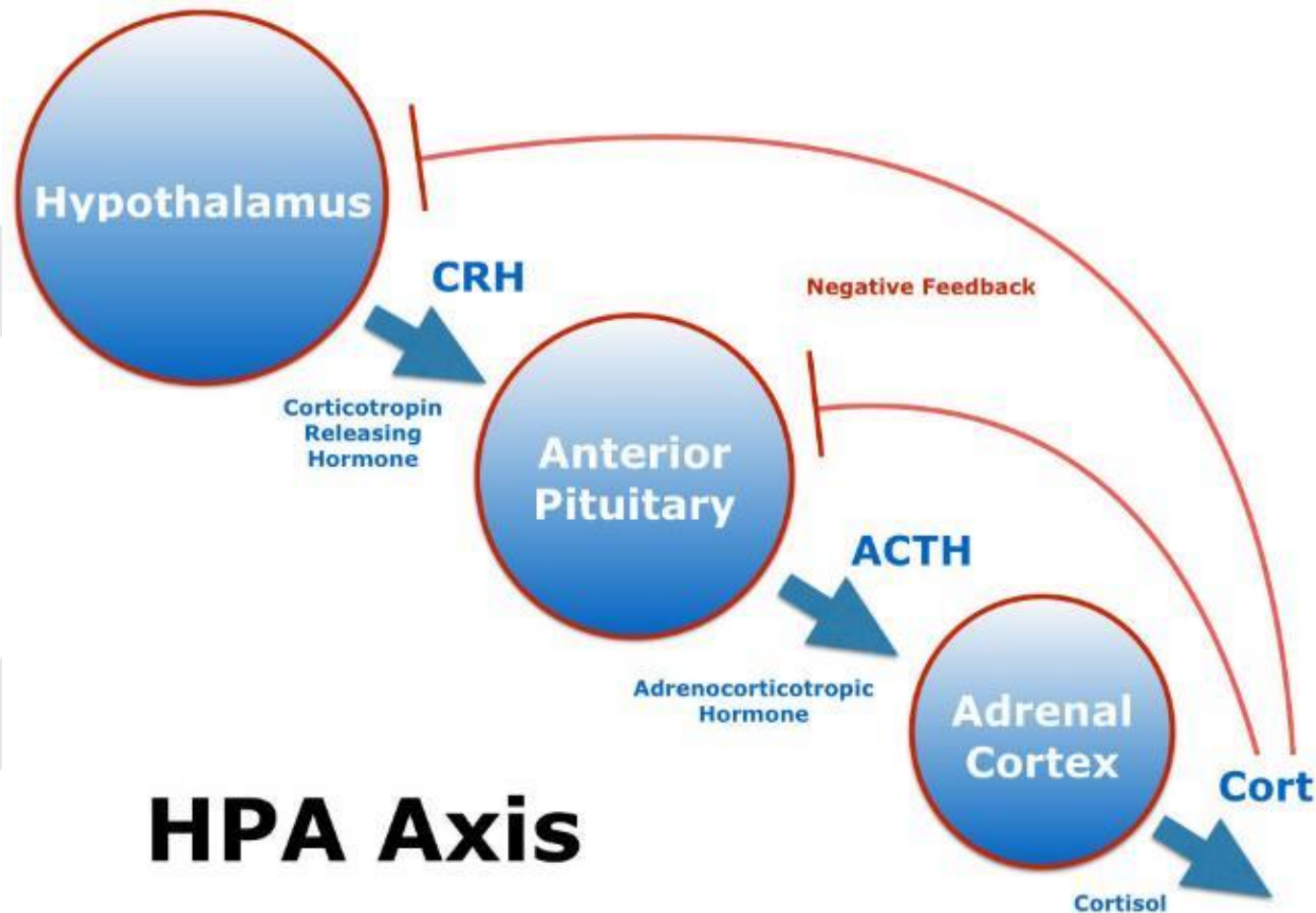
Parts of the brain involved in trauma

- **Amygdala** – perceives threats everywhere = hypervigilance
- **Hippocampus** – toxic neurochemicals kill cells = memory impairment
- **Frontal Cortex** – contextual associations = generalized anxiety



Trauma brain circuitry

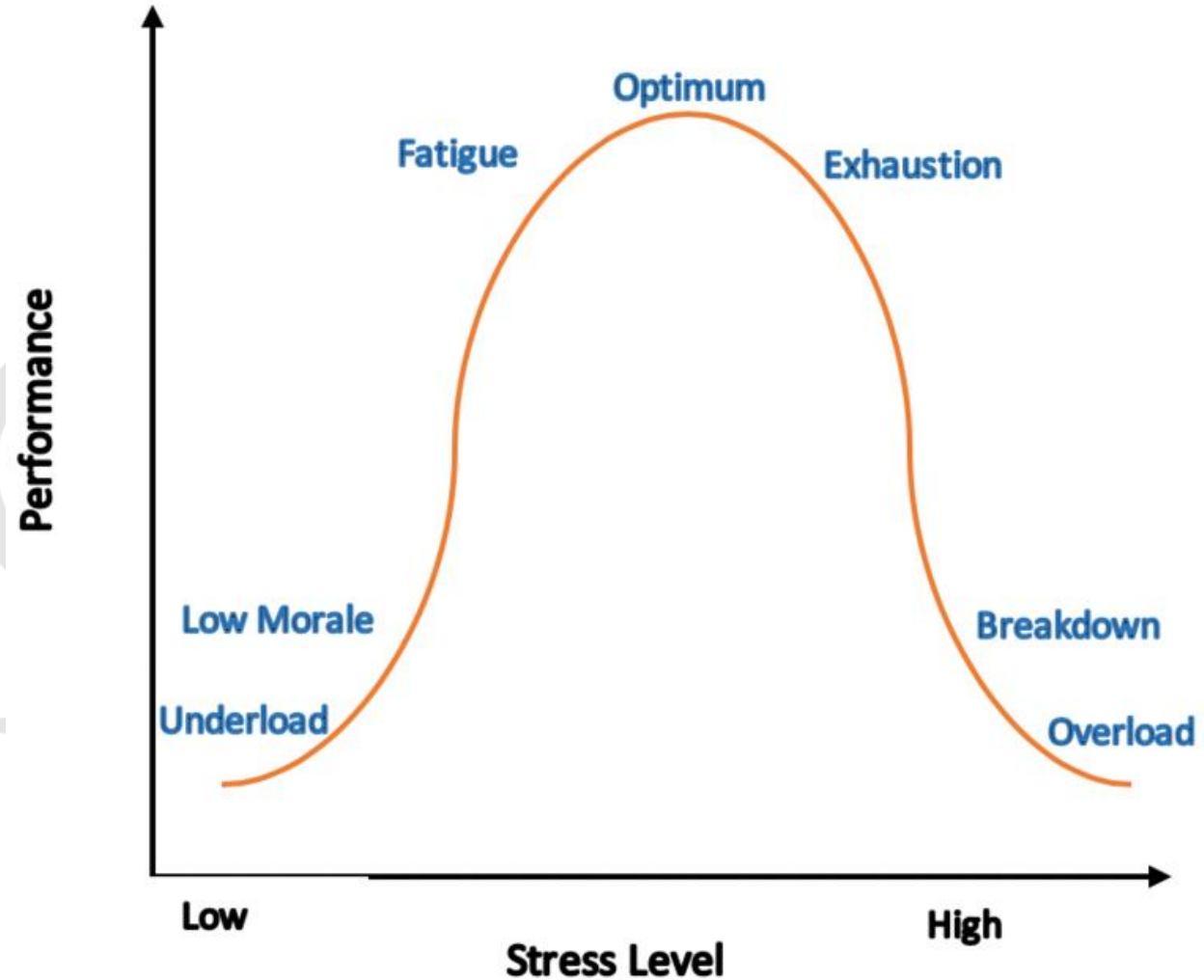
Frontal Lobe
signals threat



Amygdala – if
dysregulated due
to trauma
exposure may
over or under
activate the HPA

Addiction as a Response to Overload

Allostatic Load (McEwen & Stellar, 1993)



Source: Ranamourtada - Own work, CC BY-SA 4.0, <https://commons.wikimedia.org/w/index.php?curid=73692861>

Flooding of
psychologically
painful memories

**Trauma
Exposure**

Psychological
pain

Use substances to
numb/dissociate
from pain

Attempt at
recovery

Addiction

Case Example: Pathway to Addiction through Trauma

Initial presentation:
14 yo female, school avoidance, SIB, living with GM, both parents incarcerated with hx of heroin addiction

Diagnosis:
PTSD (diagnoses on file from psychiatrists included depression, generalized anxiety, oppositional defiant d/o, bipolar d/o, ADHD, R/O borderline personality d/o)

OCYF involvement

By age 15 minor experimentation, by 17 daily use of cannabis, tobacco and moderate alcohol

Case Example: Pathway to Trauma through Addiction



Initial presentation: 31 yo with alcohol use disorder, repeated experiences of 'black out'



Poverty, unstable employment, sexual assaults while intoxicated leading to increased use



Diagnosis: Alcohol Use Disorder and PTSD

How do you support those with comorbid trauma and addiction?



1. Ask the right question... 'What **HAPPENED** to you'... *not* 'What's wrong with you'
2. Use the right tools to assess
3. Avoid stigmatizing language
4. Offer medication when appropriate for symptom relief
5. View addiction through a trauma informed lens



Using the right tools is critical

A

1. Do you drink to build self-confidence
2. Do you drink alone
3. Have you ever felt remorse after drinking
4. Do you drink because you are shy with other people



B

1. How often over the last year have you found you were not able to stop drinking once you started
2. How often over the last year have you had a feeling of guilt or remorse after drinking
3. Have you or someone else been injured as a result of your drinking

Non-Stigmatizing Language	Stigmatizing Language
<ul style="list-style-type: none"> • Person with a substance use disorder 	<ul style="list-style-type: none"> • Substance/Drug abuser • Alcoholic • Addict • User • Junkie • Drunk
<ul style="list-style-type: none"> • Substance use disorder or addiction • Use/misuse • Risky, unhealthy, or heavy use 	<ul style="list-style-type: none"> • Drug habit • Abuse • Problem
<ul style="list-style-type: none"> • Person in recovery • Abstinent • Not drinking or taking drugs 	<ul style="list-style-type: none"> • Clean
<ul style="list-style-type: none"> • Treatment or medication for addiction • Medication for addiction treatment • Positive/negative (toxicology results) 	<ul style="list-style-type: none"> • Substitution or replacement therapy • Medication Assisted Treatment • Clean/dirty

Pharmacological Treatments for Trauma

First Line Treatments –FDA Approved

- SSRI's – Sertraline & Paroxetine (Zoloft & Paxil)
- SNRI – Venlafaxine (Effexor)

Other Treatments

- Atypical Antipsychotic – Quetiapine (for arousal and re-experiencing sx)
- Sympatholytics – Prazosin (for nightmares)
- Hormones – Intranasal Oxytocin



NOT RECOMMENDED:

Benzodiazepines

Seeing addiction through a trauma informed lens...



- Addiction as a key to survival
- Ineffectiveness of the treatment community in relieving the person's pain
- Archaic shaming techniques reinforce addiction/numbing
- Harm reduction as reduction in HARM!

Sobriety will increase traumatic memories...

- Coping skills for immediate relief
 - Grounding techniques
 - Meditation
 - Psychotherapy/psychoeducation
 - Psychotropic medication
- Reinforcement of alternative response
 - Exercise
 - Laughter



Focus on Empowerment



- Listen
- Let the person choose
- Offer tools to reduce pain
- Allow the person to create their individualized recovery plan

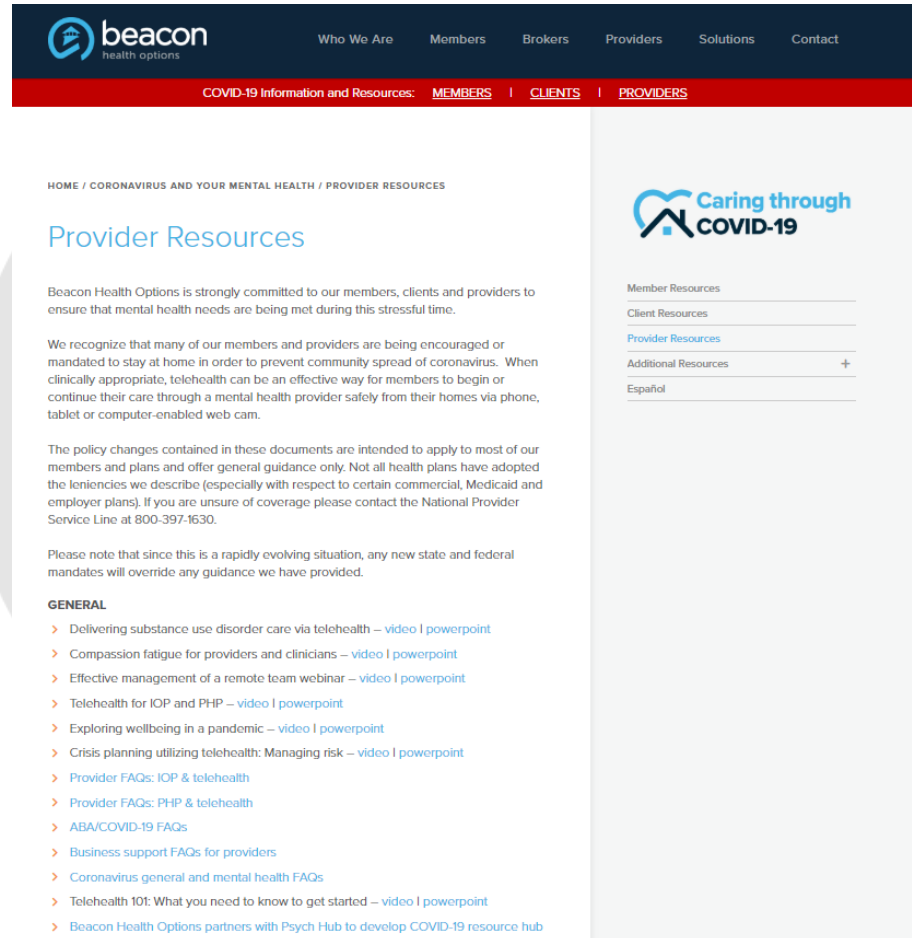
Questions & Discussion



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Refer to Beacon's COVID-19 webpage for the most up-to-date information



The screenshot shows the Beacon Health Options website. The top navigation bar includes links for Who We Are, Members, Brokers, Providers, Solutions, and Contact. A red banner below the navigation bar highlights "COVID-19 Information and Resources" with links to MEMBERS, CLIENTS, and PROVIDERS. The main content area is titled "Provider Resources" and includes a paragraph about Beacon's commitment to members, clients, and providers. It also features a section for "Caring through COVID-19" with links to Member Resources, Client Resources, Provider Resources, Additional Resources, and Español. A "GENERAL" section lists various resources, including videos, powerpoints, and FAQs, such as "Delivering substance use disorder care via telehealth", "Compassion fatigue for providers and clinicians", "Effective management of a remote team webinar", "Telehealth for IOP and PHP", "Exploring wellbeing in a pandemic", "Crisis planning utilizing telehealth: Managing risk", "Provider FAQs: IOP & telehealth", "Provider FAQs: PHP & telehealth", "ABA/COVID-19 FAQs", "Business support FAQs for providers", "Coronavirus general and mental health FAQs", "Telehealth 101: What you need to know to get started", and "Beacon Health Options partners with Psych Hub to develop COVID-19 resource hub".

[Beacon COVID-19 provider resources & webinars LINK](#)

Thank You



Thank you.

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