

TRAUMA-INFORMED CARE IN ADDICTION TREATMENT

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Objectives

- What is Trauma?
 - Types of Trauma
 - Trauma responses
 - Effects of Trauma
 - Trauma + Addiction
- What is Trauma-informed-care?
 - Trauma-informed approaches in Addiction treatment

What is Trauma?

“trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or threatening and that has lasting adverse effects on the individual’s functioning and physical, social, emotional, or spiritual well-being”

“Trauma is not what happens to you; trauma is what happens inside you as a result of what happens to you.”

Gabor Maté

The Wounded Healer | Victoria, BC | May 2018

Trauma

- An experience that overwhelms an individual's capacity to cope
- Both an event and a particular response to an event

Triggers

- Signals that act as signs of danger, based on past traumatic experiences
- Lead to responses that occur in the service of survival and safety

Trauma Types

- **Acute trauma (Type I)**
 - results from exposure to a **single overwhelming event**.
- **Complex trauma (Type II)**
 - results from **extended exposure** to traumatizing situations.
- **Crossover trauma (Type III)**
 - results from a single traumatic event that is devastating enough to have **long-lasting effects**
- **Vicarious/Secondary Trauma**
 - indirect exposure to trauma through a firsthand accounts

Trauma Responses

- **Intrusion/re-experiencing**
 - recurrent and intrusive thoughts, flashbacks
- **Constriction**
 - shutting down, feeling numb, avoidance, denial, dissociating
- **Hyperarousal**
 - never feeling really safe, on edge, easily startled, irritable, sleep problems, difficulty with concentration, hypervigilance
- **Negative Moods**
 - Anxiety, depression, irritability, anger, rage

Effects of Trauma

- Can interfere with a person's sense of safety and self-efficacy
- Hinder the ability to regulate emotions and navigate relationships
- Cause feelings of terror, shame, helplessness and powerlessness

Trauma and Addiction

- In populations receiving outpatient treatments for SUD, there are *very high* rates of trauma and PTSD
- Studies found a **positive correlation between addiction severity and severity of life trauma**
 - The people with the most severe SUD are likely to have more severe trauma experience
- All services for SUD should be **trauma informed** to provide the most effective care, and early identification of history trauma/PTSD helps support recovery

Trauma and Addiction

- To meaningfully facilitate change and healing, treatment providers must help people **make the connections** between their experience of trauma and their problematic substance use

Making the Connection

- Many people use substances to help them manage emotional distress (**self-medicate**)
- Clients may use substances as a survival skill to **cope** with trauma



It is impossible to understand addiction without asking what relief the addict finds, or hopes to find, in the drug or the addictive behaviour.

— *Gabor Mate* —

Not why the addiction,
but why the pain.

Gabor Maté

Trauma and Addiction

- Clients may view their use of substances as beneficial in that it helps them to cope with trauma-related stress
- When they stop/decrease use, they may experience increases in trauma-based reactions
 - *It is essential to help increase their repertoire with additional and alternative ways to deal with distressing emotions and experiences.*

What does “trauma-informed” mean?

- Understand that every client may have experienced serious trauma
- We do not need the details of the trauma
- We do not need to be specialists in trauma-*specific* treatment in order to implement trauma-*informed* practices
- Trauma-informed practices can be implemented in any service setting

Trauma-Informed Care

- Takes into account past trauma and the resulting coping mechanisms when attempting to understand behaviors
- Promotes a culture of safety, empowerment, and healing
- Stresses the importance of addressing the client individually rather than applying general treatment approaches

What happens if you're "un-informed"?

Lack of trauma-informed care:

- makes services are less effective
- hampers engagement, increased or earlier 'drop outs' from services
- makes relapse more likely
- can lead to misinterpreting trauma-related behaviours
- can inadvertently re-traumatize clients
- can result in judgmental attitudes

Trauma-Informed Approach:

- 4 Key Assumptions (The 4 “R”s)
 - 1. Realize** the widespread impact of trauma and understand potential paths for recovery
 - 2. Recognize** the signs and symptoms of trauma
 - 3. Respond** by putting this knowledge into practice
 - 4. Resist** re-traumatization.

The 4 “R”s: Realization

- Understand trauma plays a large role SUD and should be systematically addressed in prevention, treatment, and recovery settings
- Understand client’s experiences/behaviours in the context of **coping strategies**

The 4 “R”s: Recognize

- Signs of trauma may be gender, age, or setting-specific
- Screen and assess for trauma symptoms:
 - Re-experiencing
 - Avoiding
 - Hypervigilance
 - Negative mood

The 4 “R”s: Respond

- Understanding and knowledge:
 - staff training
 - leadership that realizes the role of trauma in the lives of their staff and clients

The 4 “R”s:

Resist

- Reducing risks of re-traumatization
 - identify and remove potential triggers
 - Triggers are usually unintentional
 - Avoid aggressively confrontational approaches
 - Do not imply talking about trauma distracts from recovery, or is ‘self-pity’ - generate shame
 - Avoid replicating experiences of trauma in the treatment setting: feeling unheard, isolated, blamed, shamed, unprotected, vulnerable or powerless

Tips for Preventing Re-traumatization

- **Learn as much as you can**
 - Collect data and screen for trauma histories
 - Explore De-Escalation Preferences
- **Grow your skill of attunement**
 - develop your capacity to accurately read each other's cues and respond appropriately
- **Look for the causes of behaviors**
 - Seek to understand the function of behaviors (coping skills)

Tips for Preventing Re-traumatization

- **Use person-centered, strength-based thinking and language**
 - Focus on what they *can* do, and not on what they cannot do.
 - “survivor” vs “victim”
- **Provide consistency, predictability, and choice-making opportunities**
 - Provides feelings of safety, reduces anxiety
 - allows that person to have some control

6 Key Principles for a Trauma-Informed Approach

1. Trauma Awareness
2. Safety and Trustworthiness
3. Empowerment, Choice and Autonomy
4. Collaboration
5. Cultural, Historical, and Gender Issues
6. Strengths-based and skill building

Trauma Awareness

- Be aware of:
 - how common trauma is
 - how it impacts one's development
 - the wide range of adaptations people make to cope and survive
 - the relationship of trauma with substance use and MH concerns
- Help clients **bridge the gap** between their MH/substance-related issues and the traumatic experiences they may have had

Safety and Trustworthiness

- ***Safety is the first focus of recovery from trauma and substance use issues***
- Meet immediate needs
 - housing, transportation, food, health and medical care; hospital admission; or assessment for medications
- Be dependable and consistent
 - follow through with what has been agreed upon in sessions
- Honest and compassionate communication
 - convey a sense of handling the situation together

Empowerment, Choice and Autonomy

- Provide choices as to treatment preferences
- Maximize the clients' autonomy
- “Providers know best” → “Together, we can find solutions”
- Allow the expression of feelings without fear of judgment

Create Collaborative Relationships

1. Ensure that the staff–client relationship is collaborative
 - views clients as the experts in their own lives and current struggles
2. Build collaboration beyond the staff–client relationship
 - learn about resources available to your clients in the community
3. Ensure client representation and participation in program development
 - clients need to play an active role; this starts with providing program feedback

Cultural, Historical, and Gender Issues

- Clients are subjected to bias and discrimination based on cultural constructs such as gender, race, ethnicity, ability, and/or sexual orientation
- Understand trauma in the context of life experiences and cultural background
- Culture influences
 - the meaning of traumatic events
 - beliefs regarding personal responsibility
 - the acceptability of help seeking help

Cultural, Historical, and Gender Issues

- Many clients are marginalized by poverty, lack of education, criminalization, and socio-economic or class issues
- Vulnerability to trauma increases among those who are most marginalized

Use Strengths & Promote Resilience

- Build on existing resources
- View client as a resourceful, resilient survivor
- Strengths-oriented questions
 - What would you say are your strengths?
 - What behaviors have helped you survive your traumatic experiences (during and afterward)?
- Recognize the challenges experienced and the strengths that enabled them to meet those challenges → focus shifts to their *resilience*.

Instill Trauma-Resistant Skills

- Begins with *normalizing* the symptoms of traumatic stress and helping clients who have experienced trauma connect the dots between current problems and past trauma
- Focus on developing
 - self-care skills
 - coping strategies
 - support networks
 - sense of competence
- Emphasize teaching and modeling skills for recognizing triggers, calming, centering and staying present

Vicarious/Secondary Trauma

- Trauma can also impact those around the client, including you as the staff member
- Stress that results when an individual hears about the firsthand trauma experiences of another
- AKA Compassion Fatigue

Compassion Fatigue

- Risk Factors for Compassion Fatigue:
 - Being new to the field
 - Having a history of personal trauma or burnout
 - Working long hours and/or having large caseloads
 - Having inadequate support systems

Signs of Secondary Trauma

- Less effective at work
- Concentration and focus problems
- Apathy and emotional numbness
- Isolation and withdrawal
- Exhaustion
- Jaded, bitter pessimism
- Secretive addictions and self-medicating

Address Secondary Trauma and Promote Self-Care

- Many providers have experienced trauma themselves and may be triggered by client responses and behaviours.
- Staff with unacknowledged secondary trauma can cause harm to clients via
 - poorly enforced boundaries
 - missed appointments
 - abandonment of clients and their needs

Decreasing the Risk of Secondary Trauma

- Peer support
- Supervision and consultation
- Training
- Personal therapy
- Maintaining balance
- Setting clear limits and boundaries with clients

Summary

- Trauma-Informed Care = means treating a whole person, taking into account past trauma and the resulting coping mechanisms when attempting to understand behaviors and treat the client

Summary

- It is important for substance use treatment providers to help people **understand responses to trauma, and make the connections** between their trauma and their substance use

Summary

- Substance use treatment services must provide
 - emotionally and physically safe settings
 - opportunities for learning and building coping skills
 - The experience of choice and control

References

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Thank you!

