National Council for Behavioral Health

Trauma and Addictions

Understanding the Correlation and What It Means in Our Trauma-Informed Work

February 6, 2017
Today’s Presenters

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We Want to Hear From You

Please type questions into the chatbox as they arise. We will answer them as time allows after the webinar.
Agenda

• Overview
• The importance of addressing addiction specifically in TIC
• The History of Recovery in America
• The Intersection of TIC, Mental Health and Substance Use Treatment
• What the Science Says
• Adolescence and Addiction
• The Question of Treatment
Polling Question

Audience Composition? My Organization:
• Is Addictions Treatment exclusively
• Has Mental Health & Addictions Treatment/clinicians treat both types of clients
• Has both Mental Health & Addictions Treatment/clinicians specialize and treat one or the other type of client, not both
• Does not provide Treatment, but is connected to addictions through policy, serving clients in other settings or other avenues
Polling Question #2:
Addictions Funding and Licensing

My State has

• Separate funding and licensing procedures for addictions treatment
• Combined funding and licensing procedures for addictions treatment
• Not sure of the funding and licensing procedures of addictions in my state
The Importance of Addressing Addiction in TIC

What it Looks Like from Here

- Hierarchical
- Power dynamics
- Behavior modification
- Assumption of dishonesty
- Hitting rock-bottom is the only way to recover
- Client has to ‘want it bad enough’
The History of Addiction Treatment in America

• Early 1800’s: drunkenness equated with sin, a few Homes for the Fallen were opened
• Temperance movement linked to religious oriented missions (Abstinence based)
• Late 1800’s asylums closed and inebriated persons were placed in jails or workhouses
• Sigmund Freud advocating use of cocaine, opiates present in OTC ‘cures’
• 1919: Supreme Court made it illegal for physicians to practice harm reduction
• AA begins in 1930’s; Founded by men who overcame alcoholism
• 1940’s through 1960’s some research and inklings that addiction might be a disease:
  At this point a split in care: Medical vs. community; Antabuse and methadone are being developed, hospitals are being urged to admit people for detox, AA membership surpasses 100,000. But people addicted to narcotics are getting institutionalized
• 1980’s Just Say No: zero tolerance. Resurgence of criminal justice involvement in ‘intervening’ with substance use. War on Drugs
• 1990’s: ASAM published levels of care system, Decade of the Brain
• 2000: McLellan: Addiction as Chronic medical illness
• 2008: Addictions Equity Act
• 2013: “Year of the Brain”
The History of MH Treatment

- Mental Health issues, by virtue of their ‘placement’ (in the body rather than in the bottle), received ‘medical’ attention from the outset—seen as a disease.
- Medical model waned a bit in the 1800’s and mental illness was seen more as a threat to citizens safety
- Asylums were opened. Asylums turned into hospitals which created psychiatry as a discipline. Note: Alcohol abuse was seen as a moral cause of mental health problems.
- A substantive history of innovative but ultimately inhumane medical procedures arose.
- Analysis, talk therapy (ala Freud)
- Community therapy
- Psychotropic medication (Thorazine, 50’s)
- Civil Rights Movement
- National Mental Health Act
- Presidents Kennedy (’63) and Carter (’80) supported federal funding for community based treatment and restructuring
- Massive de-funding of mental healthcare by federal government in 1981 (Omnibus Budget Reconciliation Act)
- Mental Health Parity Act 2008
- Affordable Care Act
The History of Trauma-Informed Care

- Civil Rights movement
- Women’s movement
- Vietnam War & PTSD
- Growth of Child Advocacy Centers
- 1985 International Center for Traumatic Stress
- 1989 ACE Study
- National Center for PTSD 1989
- SAMHSA 1994 specific to sexual abuse of women
- Harris and Fallot 2001
- National Council focused launch in 2010
- Affordable Care Act
- Peer-Centered, Recovery-Focused Work
- Certified Community Behavioral Health Clinics (CCBHCs)
The Intersection of TIC, MH, SUD Treatment

Science and The Triple Aim

• Decade and Year of the Brain
• Affordable Care Act
  – Better Quality care, Better Outcomes, Lower Cost
    • Behavioral Health Integration
    • Treating the whole person in the context of their lives
Higher ACE Score Increases Smoking

- 6 of 100 people with 0 ACEs smoke
- 11 of 100 people with 3 ACEs smoke
- 17 of 100 people with 7 ACEs smoke
Childhood Experiences and Adult Alcoholism

![Bar Chart]

- **ACE Score 0**: 1% Alcoholics
- **ACE Score 1**: 2% Alcoholics
- **ACE Score 2**: 3% Alcoholics
- **ACE Score 3**: 4% Alcoholics
- **ACE Score 4+**: 12% Alcoholics

% Alcoholics vs. ACE Score
Dysregulation

- Physiological Dysregulation
- Emotional Dysregulation
- Cognitive Dysregulation
- Behavioral Dysregulation
- Relational Dysregulation
The Physiological Dysregulation at the Center

Symptoms of Un-Discharged Traumatic Stress

Traumatic Event → Stuck on “On” → Depression, Flat affect, Lethargy, Deadness, Exhaustion, Chronic Fatigue, Disorientation, Disconnection, Dissociation, Complex syndromes, Pain, Low Blood Pressure, Poor digestion

Stuck on “Off” → Anxiety, Panic, Hyperactivity, Exaggerated Startle, Inability to relax, Restlessness, Hyper-vigilance, Digestive problems, Emotional flooding, Chronic pain, Sleeplessness, Hostility/rage

Normal Range

Courage-counseling.com
Reward / Reinforcement Pathway

Stop Switch

Prefrontal cortex

Go Switch

Nucleus accumbens
Lateral hypothalamus
Amygdala
Hippocampus
Substantia nigra
Ventral tegmental area
What the Adolescent Experience Tells Us
Adolescents, trauma and addictions

• Teens who have experienced physical or sexual abuse/assault were three times more likely to report past or current substance abuse than those without a history of trauma

• In survey of adolescents in treatment for substance abuse, more than 70% had a history of trauma exposure

*National Child Traumatic Stress Network*

Fact sheet: Making the Connection: Trauma and Substance Abuse

Childhood Trauma in Addictions

One study of 10 middle and high schools closest to ground zero found that the greater the number of trauma-inducing factors experienced, more likely increased use of alcohol and drugs.
Myths about the Teenage Brain

• Brain growth is complete by kindergarten
• Teens are impulsive and emotional because of surging hormones
• Teens are rebellious and oppositional because they want to be difficult and different
• Teen brains are the same as adult brains
Adolescent Brain is a Work in Progress

• Functioning, wiring and capacity are all different in adolescents than in the adult brain
• Teens don’t have the same tolerance for stress
• New connections between brain areas are being built
• Connectivity to and from the frontal lobes is the most complex and is the last to fully mature

Brain Development

Cognition (Abstract & Reflective)
Cognition (Concrete)
Affiliation
Attachment
Reward
Sexual Behavior
Emotional Reactivity
Motor Regulation
Arousal
Appetite/Satiety
Sleep
Blood Pressure
Heart Rate
Body Temperature

Dominant Brain Area

neocortex
neocortex/limbic
limbic
limbic/reptilian
reptilian

Brain Area

Neocortex (neomammalian)
Limbic system (old mammalian)
Reptilian
Adolescent Brain

- Flexibility, growth, and exuberance of the teenage brain allow for tremendous learning
- “Open” and excitable brain also can be adversely affected by stress, drugs, chemical substances, and any number of changes in the environment
- Influences can result in problems that are dramatically more serious for teens than adults
- Dopamine, or reward neurotransmitter, is increased during adolescence
Connection is Key, but to What?
Dan Griffin, MA
Griffin Recovery Enterprises, Inc.
CEO & Lead Consultant
Senior Fellow, The Meadows
Treat the Addiction First? OR Treat the Trauma First?

Addiction is a coping strategy—a reasonable response to unreasonable events. Before we ‘strip’ the person of their primary means of coping, other methods of coping must be established.
Emerging Paradigm - Values-Based Services

- Gender-responsive
- Trauma-informed
- Cultural Humility
- Recovery-oriented
- Spiritual Enrichment
- Family Centric

Program Services
Clients
Staff
Organization

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The Three-Legged Stool

- Addiction
- Mental Health
- Trauma
Gender Integrated Treatment

Gender-based psychological development

Addiction

Trauma
The Man Rules
THE WOMAN RULES

77% of girls think they are ugly
100% are not
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<th>Feminine</th>
<th>Intellect</th>
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**Socialization Process**
Evolving Treatment Approaches

“...the messages and expectations that bring us to our knees, are so organized by gender.”

- Brene Brown
A Culture Shift: Core Values of Trauma-Informed Care

- **Safety**: Ensuring physical and emotional safety
- **Trustworthiness**: Making tasks clear and maintaining appropriate boundaries
- **Choice**: Prioritizing consumer choice and control
- **Collaboration**: Maximizing collaboration and sharing of power with consumers
- **Empowerment**: Prioritizing consumer empowerment and skill-building
Additional Principles of MALE Trauma-Informed Care

Mutual Responsibility
Each person is responsible for their part in the relationship and for their own behavior.

Compassion
Looking at the entirety of the person including their experiences and environments rather than being judgmental and dismissive.
REALITY CHECK

We are a traumatized field,
Working with traumatized clients,
Sending them to a traumatized community
We cannot just change what men think, we have to change what we think about men.
Contact Information

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THE INTERSECTION OF INNOVATION AND ACTION

NATIONAL COUNCIL FOR BEHAVIORAL HEALTH
NATCON CONFERENCE

APRIL 3–5
SEATTLE
2017 National Conference Events
Seattle, Washington

- **2016 Trauma-Informed Learning Community Summit Meeting**
  Saturday, April 1, 11:00 am to 5:00 pm

- **Learning Community Meet and Greet**
  Sunday, April 2, 5:30 to 7:00 pm
  Register for both at: [https://www.surveymonkey.com/r/HH56C88](https://www.surveymonkey.com/r/HH56C88)

- **Preconference University - Hurt and Healing in our Work and World – The Impact and the Promise**
  Laura van Dernoot Lipsky and National Council Trauma-Informed Experts
  Sunday, April 2, 9:00 am to 5:00 pm
Conference Discount Codes

• NCStaff50 - $50 discount for past LCs
• 50LCsave17 - $50 discount for staff to use for family and friends