



DUAL RECOVERY FROM TRAUMA AND ADDICTION

Why this topic?

“Early on, we grew inured, as the price of survival, to violence as a norm of existence.”
Daniel Berrigan, “To Dwell in Peace”

Background

- Emerged from weekly in-depth case presentations with doctoral extern therapists and interns.
- Adult clients presented with many symptoms and mental health syndromes. It didn't seem helpful to give several diagnoses.
- The multiple, at the time, Axis I and Axis II diagnoses didn't explain or provide a context for the client's distress.

Clinically

- PTSD is treatable.
- Clients very often feel relief to hear this diagnosis. They stop blaming themselves. It's not pathologizing and offers an explanation. 'Anyone who went through the same horrific events would have had similar reactions.'
- Clients are able to develop a coherent and meaningful narrative about their lives and the addiction.

Today's Outline & Objectives

1. Understand the trauma-infused personality, how this develops and impacts a person's life
2. Identify attachment styles and their stages of change
3. Integrate trauma awareness and attachment style with recovery from addiction into 3 Levels
4. Become aware of general principles and specific interventions for trauma and addiction recovery
5. Thank you and Your Questions

Tea Bag Metaphor

Imagine you have a tea bag that you dip into a cup of ice cold water and let it sit there for 30 seconds. **What will happen to the water?**

- Probably change a tiny bit in color and have a faint taste of tea.
- Overall, not much will change occur in the water.



Tea Bag Metaphor



Imagine you place another tea bag in a cup of hot water for several minutes.

What will happen with the water?

Tea Bag Metaphor

The water will look like and taste like a cup of tea. At this point, **can you separate the water from the tea?**

- Unless you're a really clever chemist, the water and the tea are inseparable.
- The water has become infused with the tea.





Tea Bag Metaphor

Now, imagine placing another tea bag in a cup of boiling hot water and leaving it there for 2 months.

What's going to happen to the water?

Tea Bag Metaphor

It's going to look very dark and if you dared to take a sip, the tea would be quite bitter tasting. The tea has totally infused the water.

How could you change the dark color and bitter taste of the 2 month old tea even if you had nothing else in your kitchen cabinets or refrigerator?

Tea Bag Metaphor

You can pour the tea into a larger bowl and add more water!

The tea will become diluted. The color will lighten and the taste will become weaker.

Still, there will be traces of both.





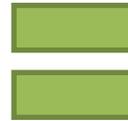
Tea Bag Metaphor

- This metaphor is about the impact of trauma in a person's life.
- The tea bag represents trauma and the water the impact of the trauma on a person.



Occasional traumatic moments don't change the flavor or color significantly like the tea in cold water.

The tea bag that's been left to sit for 2 months in a cup of once boiling water



The person who grew up with almost constant fear, confusion and rage about physical, emotional or sexual abuse that went on for years.

These traumas infused the water thoroughly. You no longer can separate the person from the effects of trauma. **This person can be said to have a trauma infused personality.**



But that's not the end of the story.
There's fresh water to add in new life
experiences.

Trauma Impacts Substance Use Disorders

- There's a strong body of evidence that correlates traumatic childhood experiences to the later onset of substance use disorders and other health conditions. The main research is called The Adverse Childhood Experiences Study (ACEs).
 - Began in 1995 with 17,000 participants & expanded starting in 2009 to 57,000 in 32 states
 - Focused on how family challenges, abuse and neglect in childhood impacted adult health
 - Ex. A male child with 6 adverse childhood experiences had a 4,600% increase in becoming an IV drug user as an adult compared to a person who had no such experiences.

Early Trauma Goes Deep Inside a Person

- Trauma is encoded in the child by a flood of stress hormones which are out of awareness. These hormones can affect:
 - Brain size
 - Number of brain cells and connections
 - Amount of brain chemicals
- The child's brain is flooded with stress hormones.
 - Hormones increase blood flow to the muscles of limbs and increase heart.
 - At the same time, these hormones reduce blood flow to internal organs and to the brain.

Early Trauma Goes Deep Inside a Person

- The child becomes hypervigilant that trauma can happen at any moment. S/he has reduced capacity to modulate affect and think through the daily challenges a child has. As a result, the trauma is deeply embedded prior to the full development of language and the cognitive ability to reason abstractly. So, the trauma is not encoded in a way that a person can recall later.
 - Trauma and addiction can't be understood apart from each other
 - Addiction is an attempt to escape the past pain of trauma
 - As an adult, the person cannot tolerate affective discomfort
 - Alcohol and other drugs are very effective to soothe the distress, alter moods and become a 'one solution fits all problems', a convenient 'go-to' for every situation

The Trauma Infused Personality

- Based upon a client's **subjective experience** of events and relationships as overwhelming and threatening.
- NOT an objective measure
- May be a style of personality which shapes views about life or
- May be a disorder that interferes with functioning in daily life, relationships, career, etc.

The Trauma Infused Personality

- Trauma is both an event or series of event and
- Trauma is also relational
- Empathic failures: caregivers didn't do anything wrong but didn't do anything right
- Problems in adulthood stack on top of each other
- Today's traumatic reaction has a long pre - history like a cruel domino effect
- Clients are very attuned to empathic failures and chronic lack of attunement

The Trauma Infused Personality

- A syndrome of troubling thoughts, feelings and behaviors which go down to the marrow of a person's psychological bones
- Deeply embedded
- These grow with the child and impact almost every aspect of a person's
 - View of Self
 - View of Others
 - View of the World

The Trauma Infused Personality

Trauma impacts the
architecture of the brain
and communication
within the brain



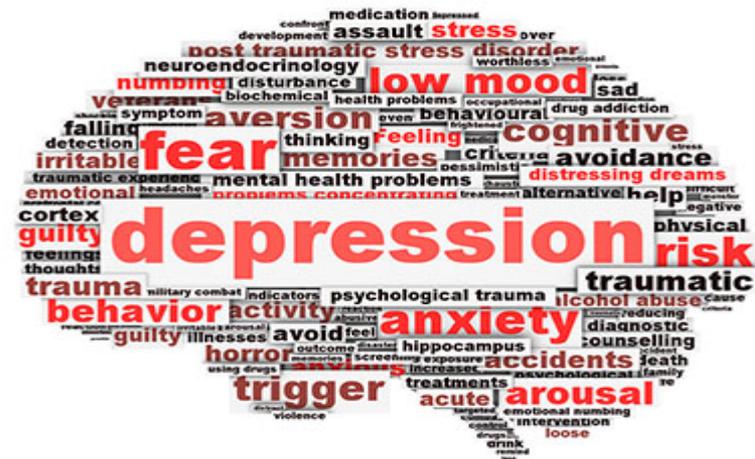
The Trauma Infused Personality

- Trauma is encoded in the brain at 3 levels:
 - the sensory-motor (brain stem: autonomic nervous system, fight-flight-freeze);
 - emotional (mid-brain: amygdala and hippocampus) and
 - cognitive (pre-frontal cortex, language, insight)
- Early trauma re-codes the developing brain and sets the person up for later addictive behaviors
- The brain is flooded with stress hormones: cortisol
- Limbic system is hijacked and stuck in “on”
- Neocortex helps modulate and develop responses; opposite of dysregulation which is central to clients with trauma; difficulty with perspective taking
- The prefrontal cortex dims in PET scans; executive functioning is inactive
- Threats aren’t evaluated realistically because the pre-frontal cortex is shut-down
- Client feels overwhelmed, confused disorganized and dissociative
- Leads to exaggerated startle response

The Trauma Infused Personality

At an early age, individuals are left with:

- Overwhelming fear
- Loss
- Anxiety
- Depression
- Rage
- Helplessness



Research: Children with mothers who had secure attachment had more empathic expression, less social inhibition and higher engagement of the vagus nerve which impacts the relaxation response and restores balance (Diamond, et. al., 2014).

- These intense emotions can circle like a Ferris wheel
- Later in life this whirl of inner emotions and memories leads to the formation of symptoms

The Trauma Infused Personality

- Clinicians observe the many different ways of how clients come to terms with the adult life tasks (adapted from Erikson, 1963/1993):
 - developing an identity: Who Am I?
 - creating intimacy: How do I love and where do I belong with others?
 - meaningful career/work or avocation: What am I going to do with my skills and talents?
 - generativity: What will I give back and pass along to others and
 - wisdom: What have I gleaned and learned about living?
- “Most older adults who were traumatized earlier in their life report an episodic course, with symptom exacerbations and remissions over time (e.g., Hyer, Summers, Braswell, & Boyd, 1995).” [Cited in Averill and Beck, 2000]
- These patterns contain more effective and less effective styles of adjustments to life. When these efforts to create an adult life structure are less effective, clients develop psychological symptoms that match various diagnoses. They have considerable difficulty in meeting one or several of the adult life stages.

6 Psychological Strategies that a Person Uses to Deal with Trauma

1

The person can't help him/herself from unwittingly recreating the trauma over decades; it's like the person is on auto-pilot.

2

The client attempts to reverse the experience of the role of victim to that of perpetrator.

3

The person unknowingly may seek to go back to a time before the trauma occurred as if the trauma had not happened. This is a type of unconscious fantasy not to have to deal with the terrible effects of trauma afterwards. The person presents as younger psychologically than his/her chronological age.



6 main strategies that a person uses to deal with the psychological trauma

4	Not remembering the events of the trauma at all but still feels the emotional impact. The client doesn't understand where the intense feelings are coming from (horizontal repression).
5	The client does not put together the events of the trauma with the emotions of the trauma. Sometimes, the client can describe both the events and the emotions but if as they existed separate from each other (vertical repression, disavowal and isolation of affect). For people in recovery, they can tell an emotionally moving story about the trauma or tell it in a flat, monotone way the story remains the same over years. These clients don't see how the trauma is connected to their addiction.
6	Clients are able to share a detailed personal narrative of trauma without becoming overwhelmed, no longer re-enacting the trauma and generally not using one of the strategies above

Dealing with Trauma

- To the client, strategies are attempts at mastery of the trauma
- These attempts come at a very high price, such as:
 - Addictions
 - Broken relationships
 - Jobs, career and talents remain undeveloped

The strategies ultimately fail because the client is not mindful of the presence and impact of the trauma.



Dealing with Trauma

What Works?

Corrective emotional experiences with more secure attachments to other, healthier people

Many adults who have had pretty terrible experiences in attachment growing up at home turn out just fine later on in life.

The main reason for this is that the person stumbled upon or lucked out in finding new stable and secure attachments, e.g., a strong and caring bond with siblings or a neighbor's family or one good teacher/pastor/imam over several years, recovery, therapy, etc.

One way to understand the process of recovery in trauma is to tap into the brain's pre-trauma sense of self and pre-addictive self. These are important predictors of a client's potential after trauma.

How Clients' Attachment Style Impacts their Experiences of Trauma and Addictions

Attachment Style

- The profound impact of trauma shows up in people's attachment style. Trauma deeply effects how clients view themselves, other people and the world around them.
- From a clinical perspective, experiencing and knowing a client's attachment style, allows treatment to focus more on the impact of trauma and resilience in the here and now.

What is Attachment Style?

- The sum of all the pluses and minuses of a person's prior interpersonal relationships over decades.
- Enacted and embodied in the here and now with other people, life choices and general attitude.
- Guides clinicians in assessment and treatment

What is Attachment Style?

- The naturally occurring way each of us relates with others pretty consistently through the years.
- May remain stable over time or evolve
- Cannot be ‘faked’
- Attachment style may be masked or hidden for a while.
 - People can readily tell if somewhat is not genuine in connecting with others. This ‘faked’ style will lead people to step back. They’ll realize that the person is not consistent or genuine in having stable and secure relationships with others.

Attachment Styles

Here are the 2 major groups of attachment styles people have
(adapted from Ainsworth et. al., 1978):

Secure	Insecure
Hesitant	Anxious: Avoidant
	Anxious/Ambivalent
	Resistant
	Intermittent
	Dependent or Randomly Over-attached
	Disorganized
	Distorted
	Absent/Detached

What are the Stages of Change in Attachment Style during Dual Recovery?

- Stages of recovery from trauma may involve a movement “up” from a prior level of attachment to the next level.
 - A client who, because of trauma, evidences a chaotic style of attachment, will not move to secure attachment in early or middle stages of recovery.
- The client with a chaotic style of attachment may next move to an intermittent style.
 - This is a relative reduction in the unpredictable experience of how to connect with others.
- While not a goal in itself, the intermittent style allows the client a rest from scattered relationships to more consistent on-again/off again connections. It is, relatively, an achievement for the client which we as clinicians acknowledge and affirm during treatment.

What are the Stages of Change in Attachment Style during Dual Recovery? (cont'd)

- An important consideration in a step-wise theory of attachment is the inherent limitations of any type of stage theory.
 - A person is not completely in one stage and may experience any aspects of other stages.
 - A person who moves toward secure attachment may continue to experience insecure attachment from time to time or in different relationships or situations.
 - A person may have a relatively secure attachment style with his/her family of origin, yet with his/her partner, there is considerable ambivalence in attachment.

What are the Stages of Change in Attachment Style during Dual Recovery? (cont'd)

- Each person has some aspects of nearly the whole list of attachment styles.
 - In secure attachment, a person may have difficult life experiences which bring out ambivalence or avoidance.
 - A client with an intermittent style may often feel quite securely attached from time to time, although this fluctuates dramatically with feeling quite unconnected.

The key for us as clinicians is to consider which of a client's attachment style predominates and to treat that. The type of current attachment suggests a long history back to the trauma itself.

A word on the importance and effectiveness of therapists' observing their own reactions working with clients...

- In order to experience a client's attachment style accurately, the clinician develops a heightened mindfulness of how and the ways he/she connects with others.
- This self-observation is enhanced by knowing one's own needs, wants, hopes and fantasies that may arise in working with challenging clients (counter-transference). As a result, the clinician can observe the nuances of the client's attachment style in therapy and in the program (transference)

Levels of Awareness of Trauma, Attachment Style and Recovery from Addiction

Levels of Awareness

Dimension	Level I Awareness	Level II Awareness	Level III Awareness
Client's Main Presenting Characteristic	Client is not aware of trauma and does not connect trauma with addiction in anyway.	Client knows a trauma occurred but only minimally senses its impact on severe substance use. The client has a separate trauma narrative and a separate addiction narrative.	Client experiences the link between addiction and trauma along with their interrelated impact on one's life.
Client moves through a range of attachment styles from less insecure to more secure.	A mix of a few secure and, predominantly, more and intense insecure attachments .	A mix of emerging hesitant and secure attachments and potentially fewer insecure attachments.	A mix of increased secure attachments both in number and frequency.

Dimension	Level I Awareness	Level II Awareness	Level III Awareness
<p>Presentation</p>	<p>Client may present as impulsive, with shallow mood and emotional numbness. Client focuses on sensation seeking and may be risk taker.</p> <p>Nothing seemingly bothers the client except increasing pleasure and reducing pain. Strongly influenced by people, places and things. Clients are extrinsically motivated and influenced by circumstances. Overt PTSD symptoms present.</p>	<p>Somewhat like Level 1 but less thorough and less intense; Has a trauma story down pat; affects are either bland or are dramatized in a role or fixed narrative of trauma; Actions, thoughts and behaviors seem disconnected; The client may focus on one trauma in childhood and not be aware of others traumas as an adult.</p> <p>As client begins to sense the intersection of trauma and addiction, signs and symptoms of PTSD emerge, including disassociation in group tx , nightmares and daytime flashbacks.</p>	<p>There are acceptance, healing & actively integrating past trauma with current life and with future goals</p> <p>Anxious, moody, restless, depressed, shaken. Client may feel shame, guilt, lost, confused, or hopeless. Clients may mourn and grieve for what did and didn't happen.</p> <p>At the same time, client have may feel hopeful, accept losses and create new life structures of healthy relationships and meaningful work and activities.</p>
<p>Verbalizations of Awareness of Trauma</p>	<p>Client: 'There's nothing wrong with me. Except I like to drink and use.'</p>	<p>Client: 'There's a lot wrong with me but I don't have to deal with that to recover.'</p> <p>And/or, 'I can see how trauma led to my addiction.'</p>	<p>Client:' I'm a person with trauma and a person with an addiction. I have worth and value in the same measure as others have.' Pt may feel focused/stuck on 1 major issues.'</p>

Dimension	Level I Awareness	Level II Awareness	Level III Awareness
<p>Benefits to Clients of Their Presentation and Cognition</p>	<p>There's hardly any story to tell. Near complete avoidance and numbness about hurt, pain, loss and anger. Lack of awareness. Client has a myopic, unbalanced view that childhood was great.</p>	<p>Telling a story of trauma relieves some of the internal distress but the client remains stuck in one of the typical outcomes of long-term trauma (victim, perpetrator, etc.</p>	<p>The trauma narrative provides both a context to addiction and pathway to recovery.</p>
<p>Client's Coping Strategies</p>	<p>Client seeks to avoid the memory and/or the emotions about trauma. Client unknowingly re-enacts the trauma.</p>	<p>Client begins to see how they are re-enacting the trauma in an attempt to gain mastery. They feel how ineffective this is. Client copes with trauma the same way as in the past. Client stays stuck and frozen in time.</p>	<p>Client develops a broad array of coping strategies and higher order defense mechanisms to face internal challenges and to meet the demands of reality. Client faces adult life tasks more effectively.</p>

Dimension	Level I Awareness	Level II Awareness	Level III Awareness
<p>Defense Mechanisms</p>	<p>Horizontal Repression; Avoidance</p> <p>(Trauma is below ground or awareness. Affects are above ground.)</p>	<p>Vertical Repression; Isolation of Affect; Compartmentalizing; Minimizing</p> <p>(Trauma and emotions are both above ground but there's a glass wall in-between)</p>	<p>Anxiety Dissociation</p> <p>(Emotions of both past and present trauma co-mingle as alternating, virtual worlds at times.)</p>

Interventions: General Comments

- The arc of recovery is a movement from reliance on things to a reliance on people. This transition helps the client to develop fewer insecure attachments and more secure ones.
- In this context, the treatment program is a projective field upon which a client re-enacts his/her attachment style, family of origin dynamics, unresolved trauma, etc.
- The program assesses clients' level of awareness of how trauma impacts substance uses.
- The program addresses obstacles that prevent clients from developing bonds with others that will be helpful in group recovery. Therapy helps clients benefit from internalizing a plan of recovery and developing a 'cognitive map.'
- Clients reside in the milieu of the program with its guidelines and rules. The client's understanding of these is a form of reality testing (boundaries, rewards and consequences, rights of others). The client practices stress tolerance and developing empathy for others.

Interventions: General Comments

- Staff engage family and family of choice in psychoeducation about trauma, addiction and counseling/therapy.
- Staff use the Levels of Awareness as a communication at team meetings and supervision to design interventions.
- Mindfulness-based sobriety, yoga and meditation and biofeedback are evidenced-based practices to consider including in recovery.
- Staff looks for the meaning behind clients' ineffective words and actions, over and above behavioral management.
- Staff members understand that a client's acting out is generally a type of communication from the client about past trauma.
- Staff coaches and help reframe more effective and more skillful ways for clients to get their needs meet.

Level I Interventions

- **Goal:** Abstinence and increased awareness of unknown trauma; Engage the client with motivational interviewing/conversation (MI); develop resilience
- Provide safety and psychoeducation about trauma. Develop mindfulness-based sobriety, coping skills, stress reduction techniques, relaxation, etc.
- **Treatment Focus:** ‘A lot has happened in your past; using didn’t come out of nowhere.’
 - Develop a genealogy or timeline of substance use and of life events. Write an autobiography.

Level II Interventions

- Continue to use and develop coping skills, stress reduction techniques, grounding, relaxation, timeline, MI, develop resilience and resourcefulness, etc.
- **Goals:**
 - Increase awareness of interaction of trauma and addiction
 - Create a ‘cognitive map’ with clients to explain how trauma impacted the development of addictions
 - Foster insight of how early-in-life trauma impacted the client’s identity, intimacy and career/work as an adult;
 - Client sees how addiction served to block out the effects of the trauma to avoid any and all feelings about it.
 - Address specific flashbacks and single aspects of a trauma, as needed (e.g., sensory reprocessing)

Level III Interventions

- Use insight oriented therapy, reinforce and strengthen coping skills, stress reduction techniques, grounding, relaxation, cognitive framing, grief and loss work, develop resilience and resourcefulness, etc.

Goals:

- Incorporate higher order coping styles (humor, planning, compartmentalization, anticipation, sublimation, etc);
- Develop a fuller trauma narrative
- Active integration of recovery from trauma with recovery from addiction
- Somatic, affective, cognitive & spiritual reintegration in the aftermath of trauma
- The trauma is safely past, now it's time to create a future with life goals; coping with tough moments' e.g., anniversary reactions
- Make new meanings about the impact of trauma regarding the client's view of self, the world and others.

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- **Cognitive Processing Therapy** is widely used by the VA and military to treat PTSD: <https://cpt.musc.edu/introduction?p=1>
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- **Life Stressor Index –Revised** is a handy way to help clients look at 30 potentially difficult areas in their lives. <http://www.ptsd.va.gov/professional/assessment/te-measures/lsc-r.asp>
- **National Center for PTSD** has numerous free online courses:.
http://www.ptsd.va.gov/professional/continuing_ed/find_a_course.asp
- **The National Child Traumatic Stress Network: Juvenile Justice** <http://www.nctsn.org/resources/topics/juvenile-justice-system>. Provides resources and training on trauma among gang members and in the juvenile justice system.
- **SAMHSA** (Substance Abuse and Mental Health Services: samhsa.gov) offers 2 excellent guides:
 - TIP 36:** Substance Abuse Treatment with Persons with Childhood Abuse and Neglect (2008)
 - TIP 57:** Trauma-Informed Care in Behavioral Health (2014)
- **Trauma-Focused CBT** <http://tfcbt.musc.edu> Free, evidence-based, multi-media, web-based training of 8 modules (psychoeducation, stress management, affect expression and modulation, cognitive coping, creating the trauma narrative, cognitive processing, behavior management training, and parent-child sessions). The training typically takes 20 hours to complete.
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Thank you!

Questions?

“Early on, we grew inured, as the price of survival, to violence as a norm of existence.”

Daniel Berrigan, “To Dwell in Peace”

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