



Clinical Education Initiative
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ECHO: TRAUMA INFORMED CARE FOR PEOPLE WHO USE DRUGS

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[video transcript]

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So in terms of using a trauma informed approach approach, it's really important to realize the prevalence of trauma, recognize how trauma affects different individuals. And then I'll put this knowledge to practice when approaching individuals who have experienced trauma and understand how it connects both to their drug use as well as their wellness. So in terms of defining trauma, it being a deeply distressing or disturbing experience. PTSD or Post Traumatic Stress Disorder is when someone has had a traumatic experience and has then developed chronic mental health condition after after being either exposed, experiencing or being exposed to a traumatic event. People who have had this type of trauma usually are living in fear, constantly and dread and just feel a lack of financial and a profound sense of isolation. So how prevalent is trauma? Unfortunately, trauma is more prevalent than we would like to think the majority of Americans have experienced over 75% of Americans have experienced a violent crime of somewhat at some point during their lives. Over 12 million women in the US have been victims of rape. And more than half of those are girls who are under 15. Every year, over 3 million children report being victims of child abuse and neglect. And this is 10 times greater than men that go to war. Unfortunately, symptoms of trauma can include the disconnection from yourself and feeling emotional numbing, feeling dulled awareness or hyper awareness of your surroundings, having memories or flashbacks, nightmares of the traumatic experience itself, blaming yourself or others, loss of interest in activities that you had formally done. Or having aggressive behaviors, and change of sleeping habits. In terms of how trauma affects the brain, trauma can result in the fundamental ways that we organize, it can reorganize the way the mind manages different perceptions. It basically changes not only how we think but and what we think but our very capacity to think. And finding the words and telling the stories. A lot of times isn't enough, and usually, though, doesn't change the physical and hormonal responses that our body feels when we experienced trauma. And this was very explicitly kind of told in this book, where I got some of the data from the Body Keeps the Score by Bessel, van der Kolk, who spoke a lot about how the brain, mind and body are, how they can heal from traumatic experiences. So that the physical reaction to trauma, basically, when the brainstem, or the amygdala has the fight or flight response, this becomes activated during a traumatic experience. And that that activation continues long after that traumatic stimuli has passed. And usually that causes a person to feel powerless when flashbacks take over. And it makes them hard to discern whether the threat is actually still happening or not. It also activates stress hormones that tend to hyper secrete long after the trauma has actually left. When the brain shuts off, there, the left side of the brain tends to actually shut off during a traumatic experience. And so the rational part of the brain to explain what has happened doesn't, doesn't is not able to process that the traumatic experience was kind of an isolated event.

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From these pet images of the brain, showing kind of what areas get highlighted or activated during a traumatic experience. You can see that the left side is really has no light, no brightness, so it's not activated whereas The right side, which is the side of the brain that stores memories,

sound, touch and smell, becomes hyper activated. So when we have a traumatic experience, our body tends to remember the sights and smells and feelings of the experience. But the left side of the brain loses the ability to kind of process that experience and categorize it to like an isolated event. And that's why a lot of people who have trauma tend to have different things kind of retrigger that trauma and not be able to discern whether that trauma traumatic experience is still happening or not. A lot of times those because of those events that happen to them, they tend to dissociate so that they don't have to feel those traumatic experiences. And it causes them to have distorted memories or remember things that didn't actually happen and with that have different coping mechanisms to deal with that. Some being self harm, and shame to try to cope with the trauma. In terms of the neurobiology of the events, certainly it does these traumatic experiences do elevate the levels of cortisol and other stress hormones, and many traumatized people have large amounts of stress hormones being released long after that the danger has actually passed. And these neural and hormonal imbalances in the different neurotransmitters adrenaline, dopamine, serotonin and cortisol can not only affect their memory and attention problems, also their irritability and sleep problems and have left lasting effects on both the immune and other health conditions. The amygdala, the basal brain that determines the fight or flight also has a sensitivity to different levels of the neurotransmitter serotonin. And those serotonin levels have been known to be chronically low and people who suffer from opiate addiction. And animal studies have shown that those low serotonin levels actually can also cause people to be hyper active to very stressful stimuli. So that makes people who have abuse disorder even more prone to having this hypersensitivity to traumatic events. In terms of addiction and trauma, unfortunately, they do, they'll very often have high incidence together. 75% of women and men who have been in substance use treatment do report having been victims of abuse or trauma. 97% of women who are homeless, with mental illness also support report having severe physical or sexual abuse and 12 to 34% of people in substance use treatment. Do have the diagnosis of PTSD, and about a third of people who've had a traumatic experience, further develop PTSD. Trauma increases the risk to many high risk behaviors. Because when people who have had traumatic experiences tend to feel vulnerable and isolated, they, they tend to do things to fit in and make poor judgment choices. So they have a higher risk of doing many high risk behaviors. And those high risk behaviors also can make them more prone to having traumatic experiences. So so it's kind of a two way path. Unfortunately, where people who have had a lot of trauma will use substances, but people who use substances have a high risk of having more traumatic events happen to them. And as you can see from the graph, there's there as a much higher likelihood of them having problems with alcoholism, having sexually transmitted diseases, injecting drugs, being absent from work, and many other high risk behaviors.

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Unfortunately, childhood experiences so when you've had a nurturing childhood experience, nurturing experience as a child, it can actually kind of protect you from having adapting to the traumatic experiences that may happen to you in the future and kind of builds your resistance, your resilience to having traumatic experiences happen so that it doesn't lead you to have prolonged problems, or trauma, prolonged trauma from those experiences. But conversely, if you had neglect or abuse as a child certainly makes you at much higher risk of having prolonged PTSD when when you have experience of trauma. So there's been a lot of research

on adverse childhood experiences and how they affect people's health as an adult. And the largest and most, most well known studies are the ACE experience, ACE studies that were done in California at Kaiser Permanente, many of you I'm sure have heard of them, by done by Anda and Felitti who conducted it over a couple years, and they looked at several 1000s of HMO members, surveys regarding having different childhood experiences and how they relate to their rates of depression and other health factors. So these were the adverse experiences that they looked at and asked people about both physical abuse direct abuse in terms of physical, emotional or sexual abuse, or neglect. That whether that was physical or emotional, as well as any kind of household dysfunction that might have occurred when they were a child, whether they had a family member that was incarcerated, a family member who had substance use problems or mental illness, whether their mother was abused, or whether their parents were divorced. And what they found was that those adverse experiences were very common amongst all populations, about two thirds of the study participants reported having at least one ACE and more than one in five had more than five aces. Some populations were more vulnerable to experiencing aces, certainly of different socio economic status. And certainly poverty and stress were a major risk factors. And they found that there was a dose response to the relationship between aces and negative health outcomes. So the more ACEs that you had that the much more likely you were to have adverse health outcomes as an adult, being high, whether that be hypertension, increased risk of cancer, and other disease diseases. And that led to a earlier mortality from having the more ACEs that you had. The adverse community, there's kind of two fold aces, there's certainly the adverse things that happen to people as as a child, but there are also the kind of foundational problems that happen before people are even born that can predispose them to having those adverse experiences. And some of those being poor housing, discrimination, poverty, and different changes in discrepancies in their socio economic status. So certainly, the the ACE studies do offer that compelling evidence in terms of the increased likelihood of having substance use problems. subjects that had five or more ACEs were seven times seven to 10 times more likely to have substance abuse. And nearly two thirds of all IV drug users reported abuse and trauma as a child. And people who had three or more adverse experiences, were not only more likely to have substance or drug abuse, but also depression, domestic violence, and risk of sexually transmitted diseases. Certainly, people who've had traumatic experiences are much more likely to self medicate with alcohol or drugs.

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And usually will turn to them as poor coping mechanisms and to numb some of the adverse feelings that they may feel from their trauma. There are different ways to help people with recovery. Therapy in groups can be a big part of that. Learning to understand kind of what's happening in our brains and how it connects to how we're physically feeling is a really important part of that. And so, helping people kind of reconnect with that is a very important tool for them in recovery. So using meditation and yoga can also certainly help with trying to rewire the brain, as well as changing the way that we kind of reorganize information. So doing neurofeedback, or EMDR can also help. And medications can also be very helpful to dampen alarm systems and SSRIs can be extremely helpful for people who have post traumatic stress. Having a therapeutic community can be extremely helpful. So our capacity to destroy or hurt one another is certainly matched by our capacity to heal one another in restoring relationships and community is essential part of, of healing for many people, being able to talk about kind of how people are

feeling in how it leads to things that have happened in the past, and to reduce the shame that many people feel from having experienced trauma, traumatic events, many people have a lot of self blame when they have experienced trauma. And so being able to speak about that and how they feel is extremely important. These are all helpful modalities for people who have experienced trauma to help work through their trauma. And it's important to be able to offer these for many people to help them with their symptoms and help them with their recovery. In addition to the SSRIs and SNRIs. Some have used other antidepressants like serotonin in Pitocin, to help with sleep and with nightmares. And certainly having shared decision making can be also extremely helpful. So going through the different options of different therapies that a patient can use. And allowing them the power and choice to decide what they want to use can be extremely helpful, and making sure that they know the options that are available. This is from this PTSD treatment decision aid is on the the Veterans Association website and is a helpful tool for people to go through. So that to help them decide which treatment options they may be more open to and help them make decisions about what options they want to use. And these are different apps, if people have access to their a working phone that they might be able to also use certainly during the pandemic, we were challenged with having in person meetings and groups and therapy and that can only further exacerbate a lot of people who've experienced trauma and can be trauma forming itself. And some of these apps usually are used in conjunction with in person therapy but can also be used for people who are not able to get to to a counseling area. And so it's important when you are having trauma informed care to be able to offer a safe place. I think that that was one of our main goals with my patient was really being able to have a safe place for her to go. And knowing that she can always come

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whenever she is feeling unsafe. And so that's why we would never discharge her from our program. And making sure people have a choice in what they want to use or what they would find most helpful. Working as a team and building that trust. I think that's those are the most important goals of care with a person who's experienced trauma, because as long as you can continue to engage with them and you have their trust, you can continue to help them work in their recovery. That was it. Thank you has any questions? Please join me in thanking Dr. Littleton.

[End Transcript]