

# *WELCOME* to the Residential Substance Abuse Treatment (RSAT) Training and Technical Assistance (TTA) National Resource Center

## DOUBLE TROUBLE

### *Working with the Complications of Addiction and Trauma*

*Tommie Bower, M.A.*

*Lisa Talbot-Lundrigan, M.A.*

*Steve Valle, Sc.D., M.B.A.*

*AdCare Criminal Justice Services*



**TASC**  
Treatment Alternatives for Safe Communities

**AIP**  
Advocates for  
Human Potential, Inc.

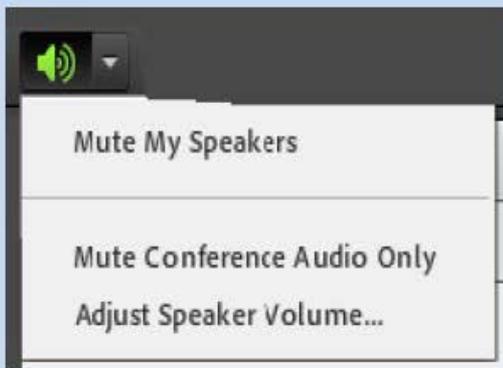
  
**ACJS**  
AdCare Criminal Justice Services, Inc.

*This project was supported by grant No. 2016-MU-BX-K021 awarded by the Bureau of Justice Assistance. The Bureau of Justice Assistance is a component of the Office of Justice Programs, which also includes the Bureau of Justice Statistics, the National Institute of Justice, the Office of Juvenile Justice and Delinquency Prevention, the SMART Office, and the Office for Victims of Crime. Point of view or opinions in this document are those of the author and do not represent the official position or policies of the United States Department of Justice.*

# Housekeeping: Functions

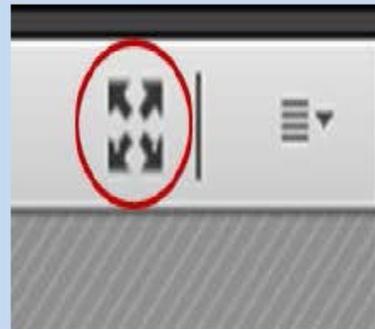
## Sound

This webinar will be broadcast through your computer. Please ensure your speakers are on. You can adjust the conference volume with the speaker icon at the top of your screen.



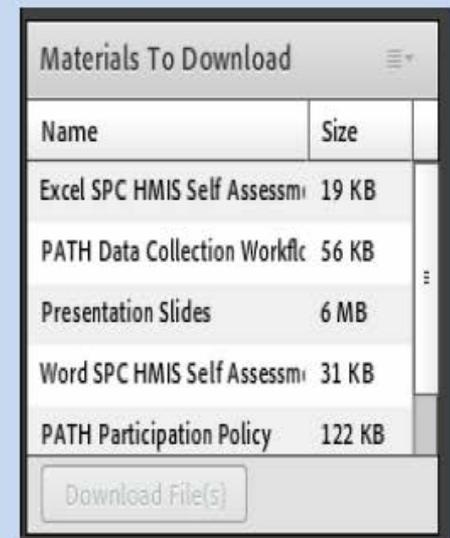
## Would you like to **enlarge** the slide presentation?

You can make the slides larger with the full screen button in the upper right corner of the display pod. To exit full screen, just press the escape key on your keyboard.



## Presentation materials!

You can download a PDF version of today's presentation and additional resource materials from the "Materials To Download" box.

A screenshot of the "Materials To Download" box. It features a table with two columns: "Name" and "Size". Below the table is a "Download File(s)" button.

Name	Size
Excel SPC HMIS Self Assessm	19 KB
PATH Data Collection Workflc	56 KB
Presentation Slides	6 MB
Word SPC HMIS Self Assessm	31 KB
PATH Participation Policy	122 KB

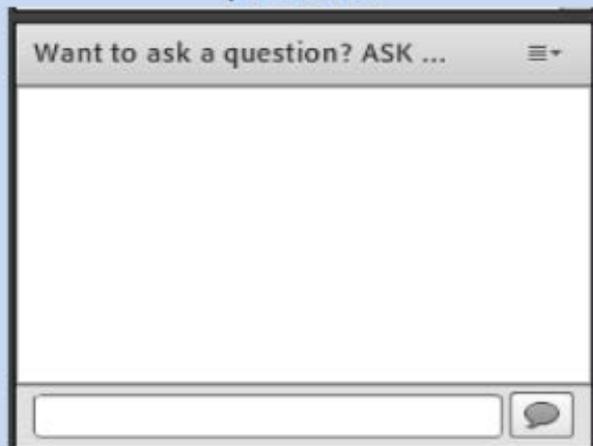
# Housekeeping: Communication

## Q&A

### and Technical Issues

If you have questions for either the presenters or our Technical Support Staff, enter them in the Q&A box.

Our support staff will assist you with your technical issues, and our moderator will present as many questions as possible to the presenter.

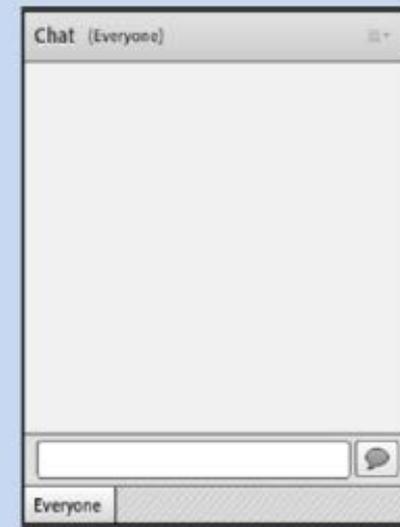


Want to ask a question? ASK ...

A screenshot of a Q&A interface. It features a header with the text "Want to ask a question? ASK ..." and a hamburger menu icon. Below the header is a large, empty white text area for entering questions. At the bottom of the interface is a text input field and a speech bubble icon.

## Chat with us!

If you have general comments, please post them in the participant chat box.



Chat (Everyone)

Everyone

A screenshot of a chat interface. The title bar reads "Chat (Everyone)". The main area is a large, empty white space for chat messages. At the bottom, there is a text input field and a speech bubble icon. A small "Everyone" label is visible in the bottom-left corner of the chat window.

# **Double Trouble: Working with the Complications of Addiction and Trauma**

**Moderator  
Stephen Keller  
Training/TA Coordinator, RSAT-TTA**

Tommie Bower, M.A.

tommiebower@gmail.com

Lisa Talbot-Lundrigan, M.A.

ltalbotlundrigan@gmail.com

Steve Valle, Sc.D., M.B.A.

svalle@comcast.net

---

AdCare Criminal Justice Services

[adcare.com/criminal-justice-services](http://adcare.com/criminal-justice-services)

# POLL 1: What is your role in the criminal justice system?



- Please vote on your screen.
- Check the box next to the answer you would like to select.
- There is no submit button.
- Type additional comments in the chat box.

# Objectives

## Participants will be able to:

- Determine how substance use disorders (SUD) and Post Traumatic Stress Disorder (PTSD) interact and amplify each other.
- Identify the impact of long-term stressors on autonomic alarm system and the implications for impairments in executive or self-regulation functions.
- Utilize strategies to improve executive and self-regulation functions during phases of incarceration.

“As with all trainings..., staff and inmate safety is an overriding common goal.” Braude & Miller, 2011

# Lots of research to get this far

**Substance Use Disorder:** Addiction is a primary, chronic disease of brain reward, motivation, memory and related circuitry. Dysfunction in these circuits leads to characteristic biological, psychological, social and spiritual manifestations. This is reflected in an individual pathologically pursuing reward and/or relief by substance use and other behaviors. ASAM\*

**PTSD/TRAUMA:** Post Traumatic Stress is a mental health problem that some people develop after experiencing or witnessing a life-threatening event, like combat, a natural disaster, a car accident, or sexual assault. Adverse childhood experiences such as maltreatment, exposure to domestic violence, and parental substance use are traumatic or stressful events that lower an individual's capacity to cope or adapt to future stressful events.

# How are they alike?

## Automatic vs. Adult parts of the brain

- Both impact unconscious/old parts of brain.
- In red the old automatic [limbic system] versus the Adult or prefrontal cortex .
- SUD Reward Centers Pathological pursuit of rewards.
- PTSD The Survival System is on Hyperdrive, hyperalert.
- Under stress, the system activates the automatic brain wins



# PTSD 1: What happens to the brain stays in the brain. 9/11 and survival alarm system

- 
- Memory time of day, weather, color of the sky, and for those near to lower Manhattan, sounds, smells, memories of the difficulty breathing.
  - Survival responses create adrenalin: heart rate, brain on hyperfocus, no hunger, no pain. Automatic response = fight flight freeze surrender
  - Impact: the closer to the events, more likely to need mental health/ substance use counseling. Recedes after 3 months for those without prior traumas.
  - Alarm triggers are embedded in limbic system & the brain remembers and responds when activated. Ask a veteran about 7/4 any year after deployment.

# PTSD2 Common symptoms

- *Reexperiencing*: Intrusive recall, visual flashbacks.
- *Arousal*: Hyperarousal, sleep disturbances, nightmares.
- *Avoidance*: Hypervigilant. Watches, prepares for disaster.
- *Cognition and Mood*: negative thoughts about self, guilt,
- Lack of interest in pleasure, distance from family, friends.

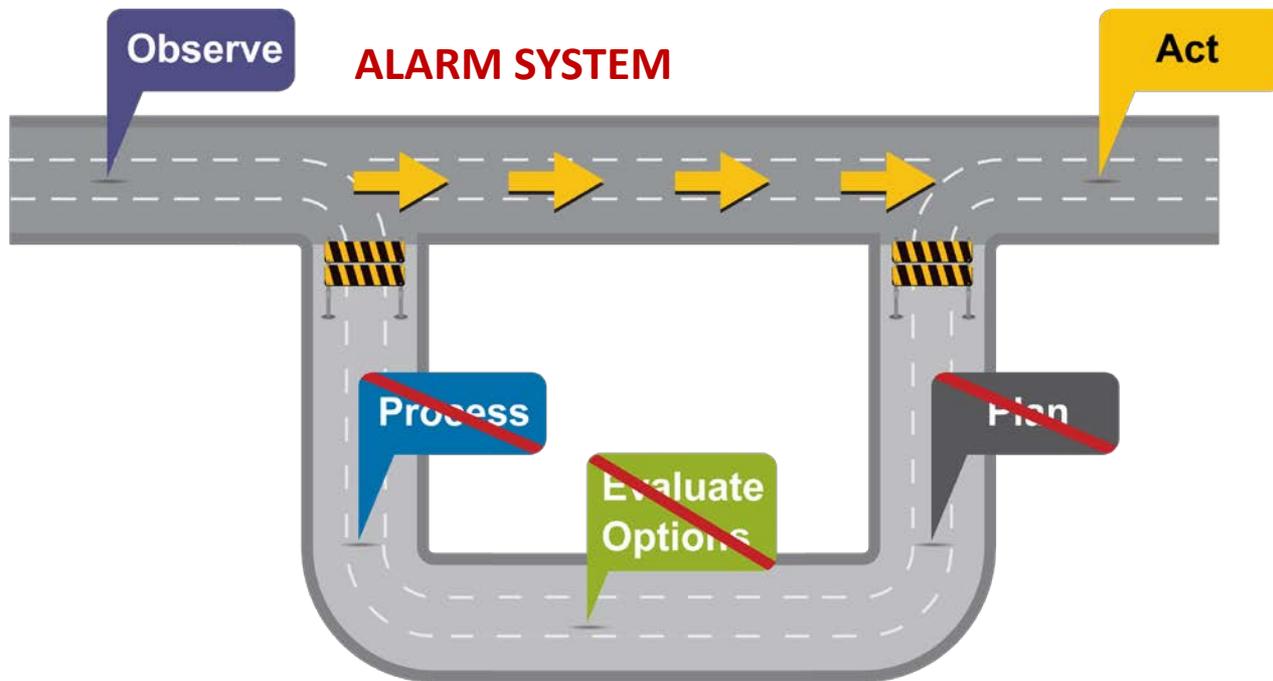
# PTSD3 What makes an experience traumatic? Doing the contextual math:

[Number] of adverse events  
+ [Time] in life span: Child/Adult  
+ [Number] over life span  
– Protective factors\*

\*Protective factors: supportive family, community supports, other advantages such as access to someone who cares about the individual

# PTSD4 With Repeated Stress The Brain's Alarm System changes into a super highway—no pause button.

Alarm React Alarm React Alarm React Alarm React Alarm\*



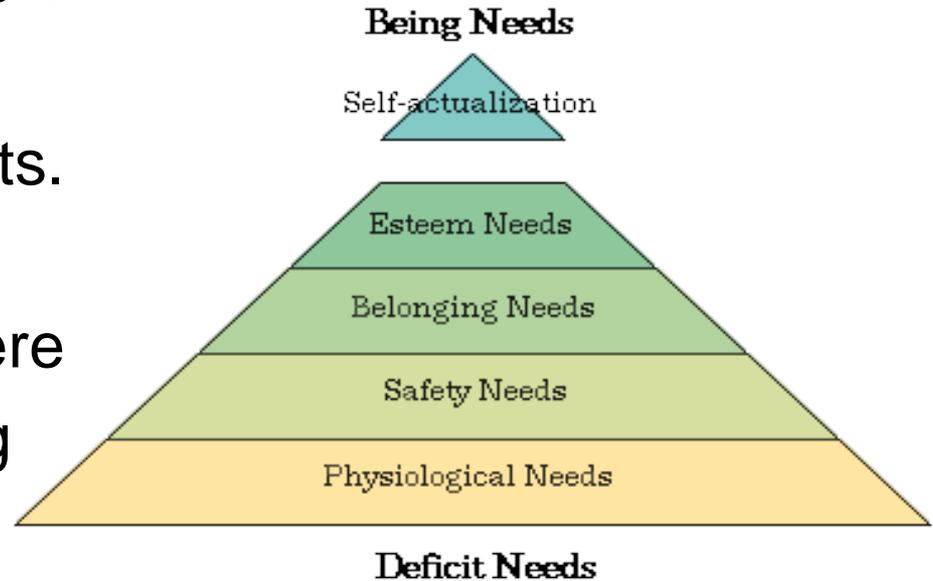
\*Center on the Developing Child, [DevelopingChild.Harvard.Edu](http://DevelopingChild.Harvard.Edu).

Based on content developed by Joshua Arvidson

# SUD1 What changes drinking/recreational drug use into pathological pursuit/addiction?

Early exposure 10-11-12-13 +  
Biological/genetic risk +  
Environment Adverse Events.

There is a tipping point where preoccupation with the drug and the pursuit of the drug replaces the “hierarchy of needs” (love, esteem of others, food, safety, shelter).



# SUD2: The frying pan, the tipping point?

Stories about stopping use often recount years of losses, failed, if any treatment, incarcerations. And then attempts at cessation.

No accurate way to predict “readiness for change” except by the fact that something changes. **KNOWING BOTH WHAT & HOW TO CHANGE-- DOES NOT CREATE CHANGE.**



# SUD3: Looking for motivation

## Reward vs. Fear

\*

The best of the drug/drink/criminal behavior/life.	The worst of the drug/drink/criminal behavior/life
Numbing don't have to feel defuses anger; helped deal w. feelings, defuses anger,	Dope sick
No responsibilities, carefree, escape, relax	Lack of self respect, loss of values
Getting everything done, superwoman, helps have motivation, feel good about self	Not getting anything done except using
The "friends" the "life" the money	The "friends", the sick people I hang with;
Rush, weight loss, adrenalin, rush of getting away with it, no pain	Loss of family; lying to and stealing from my family

# SUD4: Why FEAR of consequences doesn't work.

## Impacts on Brain Functions from Addiction



# PTSD: Why FEAR of consequences doesn't work.

## Impacts on Brain Functions from PTSD

### ALARM SYSTEM

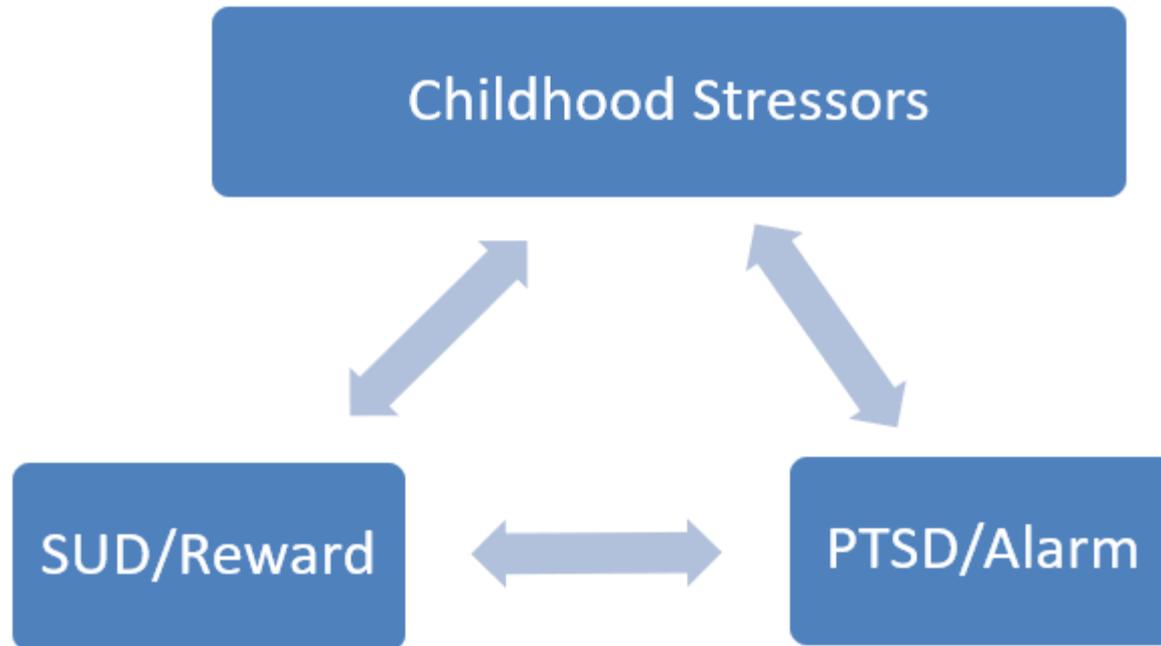
Inhibitory  
Control  
does not  
operate



Flooding  
Memory  
from past  
overtakes  
present

Motivation is a  
survival driven

# Then add in the Impact of Adverse Childhood Experiences: Fuel that keeps the dynamic going



# Listening to PTSD/SUD and Childhood Adverse Experiences over time:

- Male now 28, multiple admissions to addiction treatment
- Age 16 Admitted to residential men's program. Then detoxes
- At 25: MVA hit head, construction injury, homeless, anxiety over death of both parents in a 6 month period. Father died of aids, mother overdosed, a sibling died earlier in a house fire, other brother estranged. Engaged to a newly sober woman, has 2 children by another.
- 26: He had physical injury while defending his mother from her abusive boyfriend. Rolled a car in an "accident".
- 28: Admits emotional abuse as a child, jailed 15 times, used heroin first with his mother. At 10 y.o. diagnosed ADD on Adderall; next admit: homeless, lists 5 concussions from MVA's.
- Counselor response to above: 'Pt struggles to focus on his recovery/becomes cocky and complacent; has poor application of recovery skills.'

# Direct harm from chronic adverse experiences in childhood before 18 predict SUD/PTSD/ Incarceration and early death\*

The basic ten:

1. poverty
2. witness to abuse, verbal threats humiliation
3. physical push shove grab hurt
4. touch, attempt or complete sexual assault by anyone 5 years or more older
5. felt unloved or unimportant, lack of support
6. not enough to eat, poor medical physical care, parents too drunk/high to care
7. parents divorced separated
8. witness to mother or female caretaker abuse/threats
9. lived with someone with problem drinking/drugging; live with someone depressed, suicidal, or mentally ill
10. live with someone who went to prison.

\*

Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults The Adverse Childhood Experiences (ACE) Study Vincent J. Felitti, MD, FACP, et al.

**Indirect harm, missing pieces:  
self regulation, focus, planning, delayed gratification.**

- Imagine a 6 year old learning the word. **RED.**
  - a) What if the kid is color blind?
  - b) What if the kid has just seen his mother threatened and he got no sleep last night because there was a party.
- Children who are in survival/stress mode, have trouble developing crucial self regulation skills.
- “If I think something, even if I know I will get caught I have to do it.” a 20 year old woman in pre-release.

## POLL 2: What are the challenges you see in the population you serve? (select all that apply)



- Please vote on your screen.
- Check the box next to the answer you would like to select.
- There is no submit button.
- Type additional comments in the chat box.

# Recent efforts to help stressed children focus on self regulation skills

After years of well-funded efforts to improve academic success for kids who were from high stress families in the Chicago area, the consensus is that the effort needs to be

**DRUM ROLL:** 

NOT ON READING SKILLS BUT ON SELF REGULATION OR EXECUTIVE FUNCTIONS. If you can't sit still, focus, tolerate frustration, it's hard to learn.

\*How Children Succeed, Paul Tough

# Self regulation/executive functions: awareness, self-control, focus, planning, flexibility

- Awareness of self and needs
- Self-control: feelings, thoughts, delayed gratification
- Focus
- Planning
- Flexibility
- NOTE: SUD/PTSD folks are very aware of others, can focus, plan, exercise self-control, and are very flexible in pursuit of the reward of addiction/criminal behavior! But the skills do not translate well when the fear is not sedated!

# Focus on self regulation/mastery for PTSD/SUD: Rules of the road:

1. Safety first, take time to learn what is safe for you and the person
2. It's not about the past or digging up memories. It's about how the past disrupts the present, steals freedom, creates an internal prison of fear, holding the person hostage and what to do about that!
3. Addiction is also an internal prison, separating the person from loved ones, from his/her value in society.
4. The reward system and the alarm system are broken, dysregulated, stuck!
5. Finding other solutions requires work and grit.

# Engaging inmates with SUD/PTSD.

Most of the complicated inmates have had little help, and little integrated help. Engaging in help is a new skill. ASK:

- “Has anyone ever helped you with [name of problem, trouble]?”
- If yes: What was it about that was good? What not?

Engage in a collaboration by prompting: What works? What missed? What to change next time?

Open-ended questions help develop awareness: How was your work out today? What’s that about?



# **Self regulation skills can start during incarceration. Mastery of self feels good!**

A is for awareness of self, each day.

\*Daily inventory: what went well, what needs improvement?

\*Notice who bugs you, what about that person?  
Who do you trust?

\*Mood logs 1-5, three times a day. Using numbers versus words

ASK: 'what about you?' What works for you?

# Self control: from Alarm-React to Situation-Act

**Mapping** out Reactions: a backwards yellow brick road. Analyze components of a blow up or relapse or re-arrest? Reverse engineering! At each DECISION POINT, emphasize the choices, understand the drivers and plan a new strategy.

**Rehearsing** challenging situations. Give constructive feed back. Don't forget to look at the body language.

**Practice** affective cool down: 5 things you can see, 4 things you can touch.... Multiplication tables, music, give brain a challenge.

What works?

## Self control 2: from Alarm-React to Situation-Act

- Body: Gain mastery through physical self control.
- Increase reps or walking; but tell someone so it is relational.
- Yoga: It's about the breathing; gradual improvement, focus on one or more aspects of body. Meditation, prayer.
- Reaction to Action. What are the Actions to manage anger — prayers to remove the impediment.
- What are the anchors for self control: “Living well is the best revenge”!
- What works?

## POLL 3: I would be interested in more training on SUD, PTSD, and/or complex trauma.



- Please vote on your screen.
- Check the box next to the answer you would like to select.
- There is no submit button.
- Type additional comments in the chat box.

# Focus: building motivation for something other than PTSD/SUD - change talk

FOCUS AND CHOICE ARE empowering and the opposite of Alarm-React.

-If in work release, find out WHAT works/doesn't work about the job.

-If in program: The \$ challenge with addiction: 1. If you paid money for drug what is yearly cost? 2. If you had 1/3 of what you spent on your drug/drink in the last year what would you want? Be specific. This is motivational change talk? What works for you?



# Flexibility: Expect Delays

- Identify stress of small changes in daily inmate flow, programs, cellmates, engage in planning vs. reacting.
- Prepare when possible with those stressed inmates. Ask what the person needs to to manage the change? This puts the responsibility for improvement on the inmate—with a nudge.
- Tools: What can you change about this situation? Win-win. Wisdom. Spiritual disciplines. What works for you?



# Focus & Planning: Re-entry skills start early

1. Many inmates have **NO EXPERIENCE** making proactive decisions outside of immediate reward gratification or reactive trauma responses. Give coaching. Ask: What works for you?
2. Provide structure! Simple, short and purposeful experiments.
3. Practice with *to do lists*. Find out *how* the person learns? Vision Board? Road map? Is Who more important than Where?
4. Planning: Days to release planning. Start with one thing, and review progress and help with skills. Priorities by number. Check lists reinforce positive Actions v. reactions.

# In the ideal world all people in custody would

- Understand how addiction and trauma impact the alarm system, and keep the person stuck without solutions. Self regulation skills.
- Develop Safety practices.
- Develop Self Care Practices, (alternate rewards, relaxation, stress identification skills)
- Develop and practice Recovery skills (refusal skills, anchors for recovery, cravings management, multiple motivation, relationship skills, medication management, group support skills),
- Identify red flag behaviors/situations and plan for help

# The real world of change: incremental search for better solutions

- Gradual abandonment of quick fix in favor of competence to move towards goals.
- Self regulation is a challenge, and is learned by choice and by practice.
- What is motivating and helpful is hard to know.
- A little bit of help can start the ball rolling. Your intervention may be the last one the tips the balance.

# Recovery is phased MASTERY

✓ IDEAL: CO-OCCURRING RECOVERY.

❑ REAL: Phased recovery. Gains in one area increase the likelihood of gains in the other.

Example: learning triggers for relapsing on drug/drink/criminal behavior, may be easier than learning traumatic triggers.

✓ IDEAL: Abstinence and Therapy for PTSD

❑ REAL: Abstinence is a skipping stone depending on the mastery of the PTSD.





- **Myth:** *People with co-occurring disorders are very difficult to treat and require highly skilled staff with specialized training.*
- **Fact:** There are many practices that have been evaluated and shown to be effective for people with COD's that do not require extensive training. Some of them involve case management, supported employment, contingency management, housing first programs and peer support.... Licensure and extensive knowledge of psychiatric interventions are not required for every effective approach . (Braude, Miller p.32 ).
- **Many hands!**

# Self regulation has to start with focus on the self.

- Earnie Larsen tells a story of a guy who would relapse often then come to treatment sometimes.
- One day the guy declared that he understood his problem. And he explained that his brain was like a big bus, with a nice big driver's seat. Then he realized that there was a crazy addicted dude driving his bus and that he needed to change drivers.
- The bus driver needs **awareness, self-control, focus, planning, flexibility** to follow the rules and drive the bus.



# Resources

- <https://www.samhsa.gov/capt/practicing-effective-prevention/prevention-behavioral-health/adverse-childhood-experiences>
- [T4C Thinking for a Change, National Institute of Corrections](#)
- [https://www.ptsd.va.gov/public/understanding\\_ptsd/booklet.pdf](https://www.ptsd.va.gov/public/understanding_ptsd/booklet.pdf)
- [RSAT Training Tool: Understanding Co-occurring Disorders and Applying Integrated Treatment Strategies for Adult Correctional Populations, Lisa Braude, Ph.D. and Lisa Miller, M.S. CPS, November 23, 2011](#)

# Questions?

Type your question in the Q&A box  
on your computer screen

## Speaker Contact Info

Tommie Bower, [tommiebower@gmail.com](mailto:tommiebower@gmail.com)

Steve Valle, [svalle@comcast.net](mailto:svalle@comcast.net)

Lisa Talbot-Lundrigan, [ltalbotlundrigan@gmail.com](mailto:ltalbotlundrigan@gmail.com)

# Certificate of Attendance

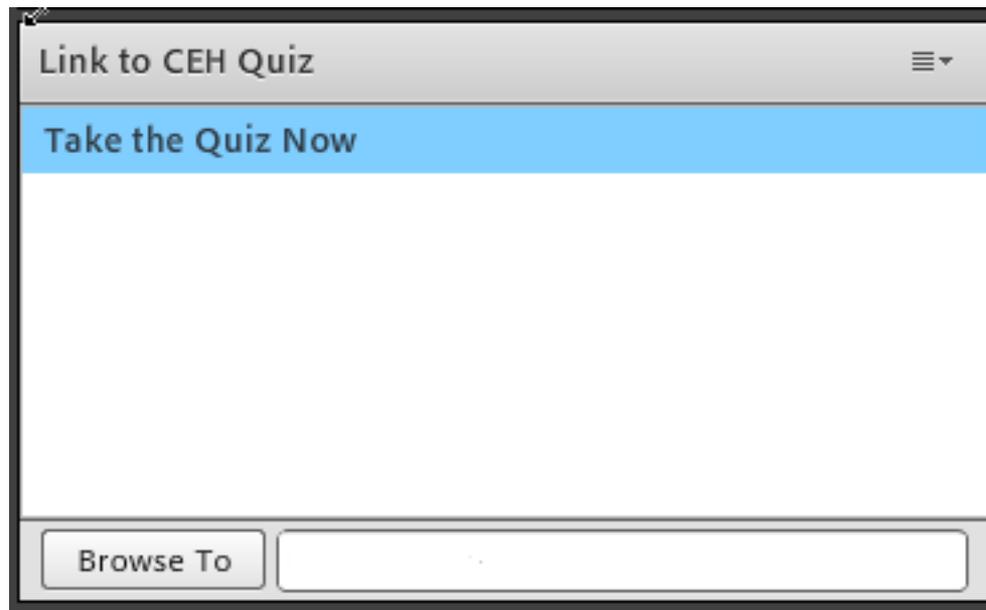
Download now!

The screenshot shows a file manager window titled "Certificate of Attendance". It contains a table with two columns: "Name" and "Size". The table has one row with the file name "Download My Certificate" and a size of "1 MB". Below the table are two buttons: "Upload File..." and "Download File(s)".

Name	Size
Download My Certificate	1 MB

# Continuing Education Hour (CEU Certificate)

- 1 NAADAC CEH
- Pass 10-question quiz with 7 correct answers
- Receive certificate immediately



# Next Month's Webinar

**Date:** *Wednesday, October 17<sup>th</sup>*

**Title:** *Ethical Issues in Offender Treatment  
(Part 1) – Professional Boundaries*

**Presenter:** *Roberta Churchill*

# RSAT Technical Assistance and Training Center

*For more information on RSAT training and technical assistance visit:*

*<http://www.rsat-tta.com/Home>*

*or email Stephen Keller, RSAT TA Coordinator at [skeller@ahpnet.com](mailto:skeller@ahpnet.com)*