

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

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Housekeeping: Functions

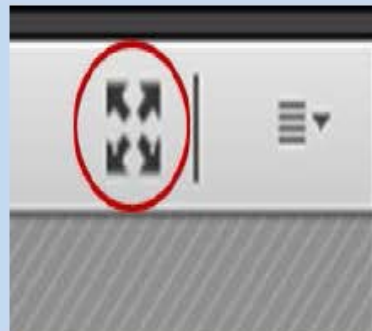
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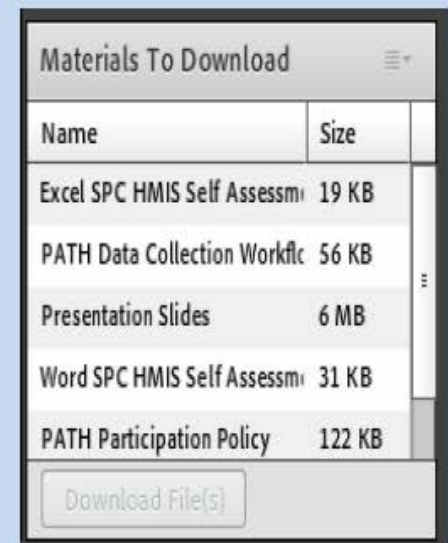
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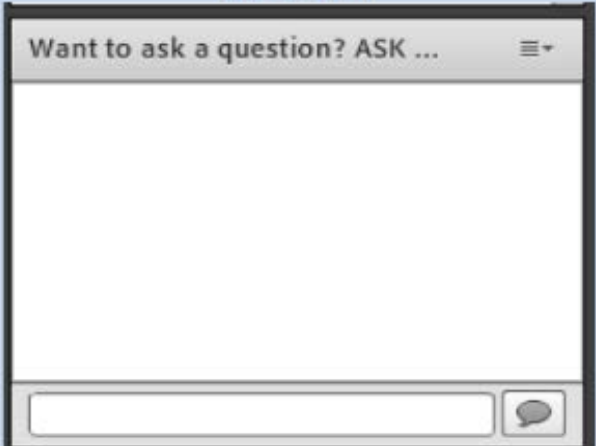


Housekeeping: Communication

**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.

A screenshot of a Q&A interface. At the top, it says "Want to ask a question? ASK ..." followed by a menu icon. Below this is a large, empty text input area. At the bottom, there is a smaller text input field and a speech bubble icon.

Chat with us!

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

A screenshot of a chat window. The title bar says "Chat (Everyone)". The main area is a large, empty text input field. At the bottom, there is a smaller text input field and a speech bubble icon. Below the input field, there is a tab labeled "Everyone".

Double Trouble: Working with the Complications of Addiction and Trauma

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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.

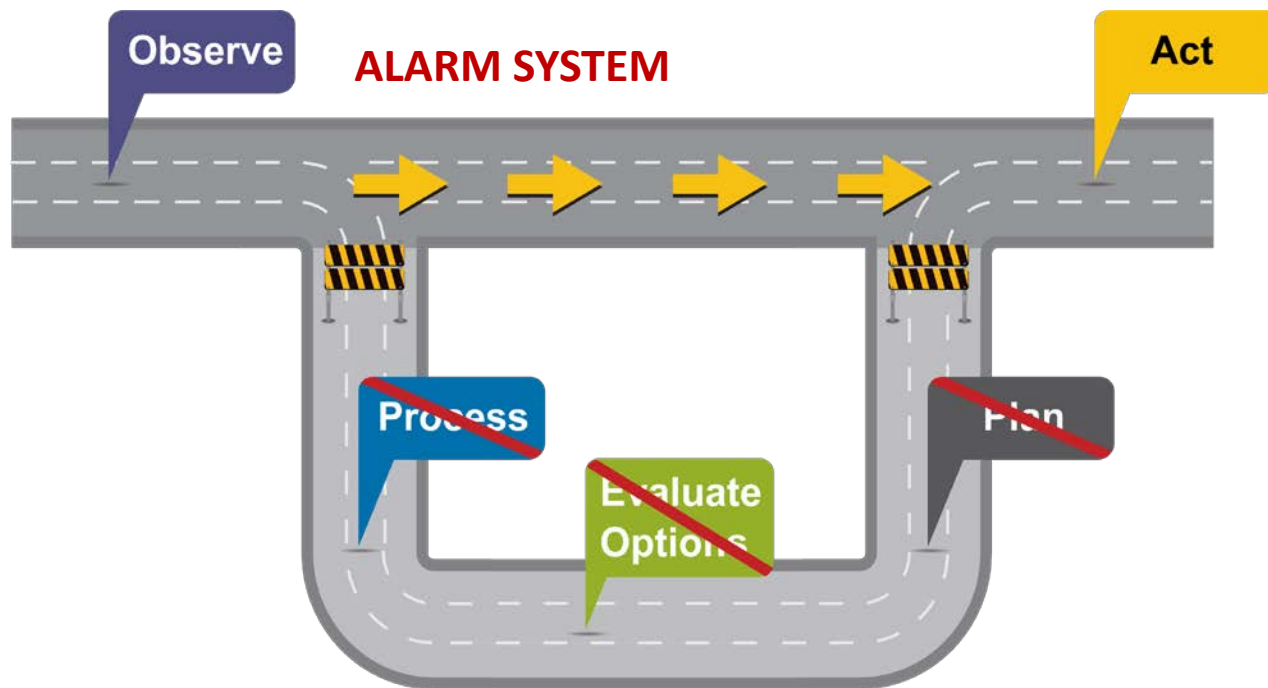
PTSD3 What makes an experience traumatic? Doing the contextual math:

[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.

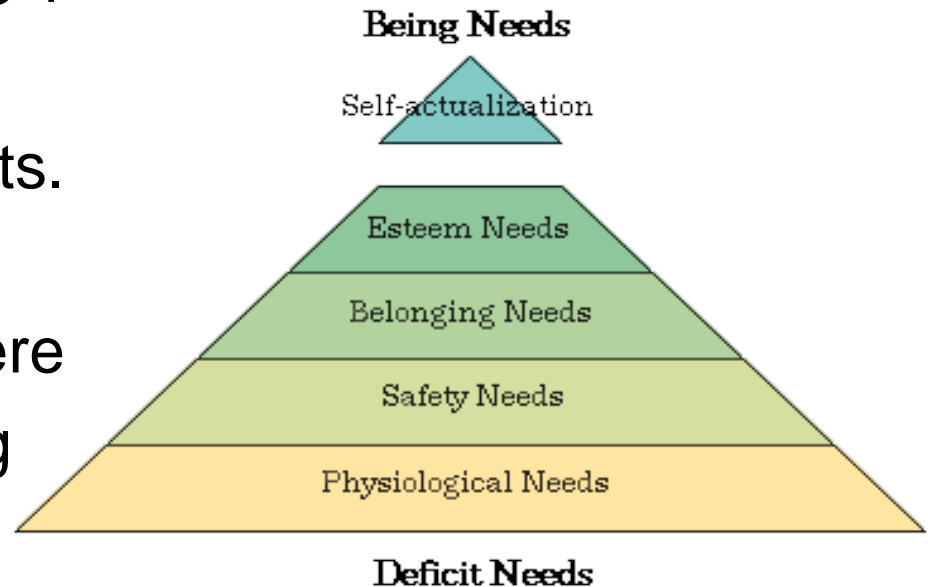
Alarm React Alarm React Alarm React Alarm React Alarm*



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

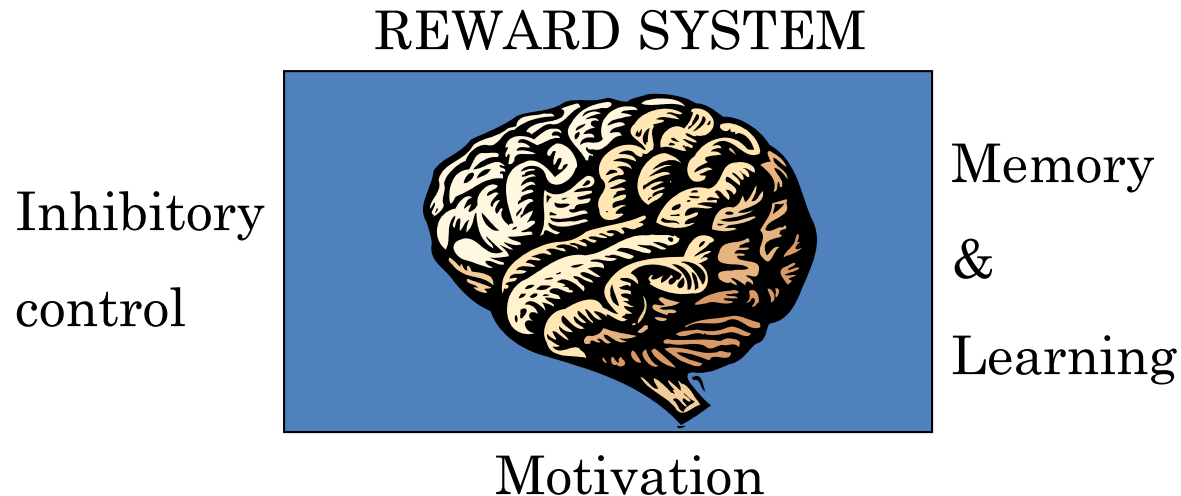
Reward vs. Fear

*

| 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

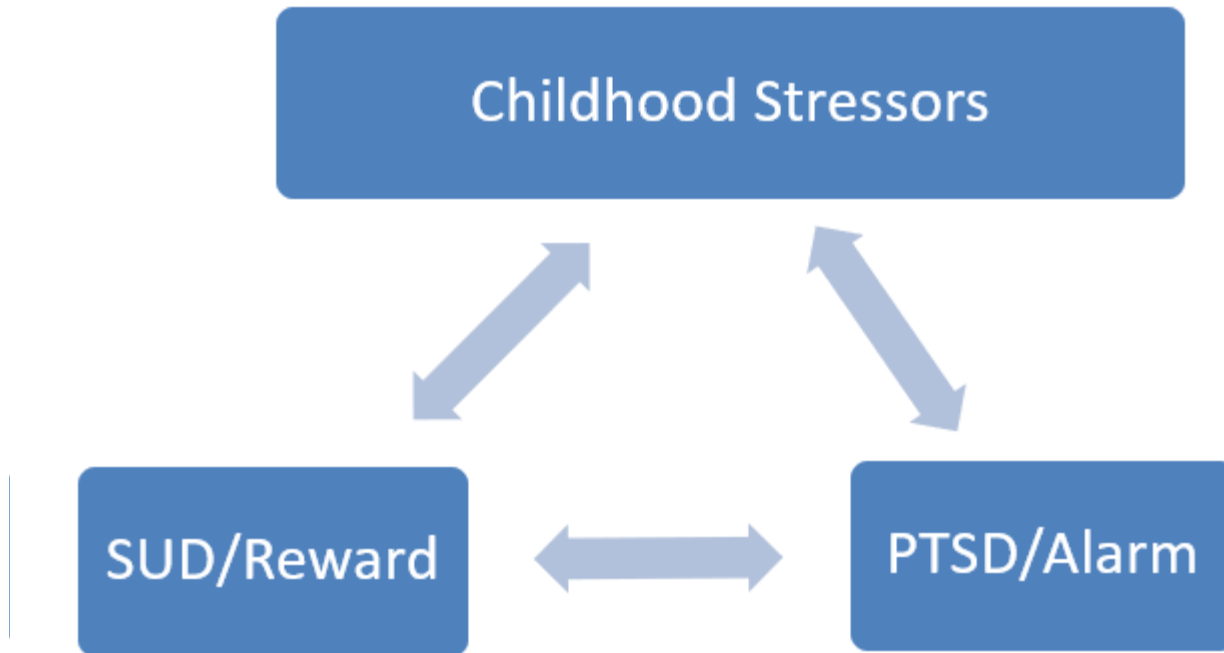
Inhibitory
Control
does not
operate



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. **R E D.**
 - 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 in 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 require 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 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
- [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

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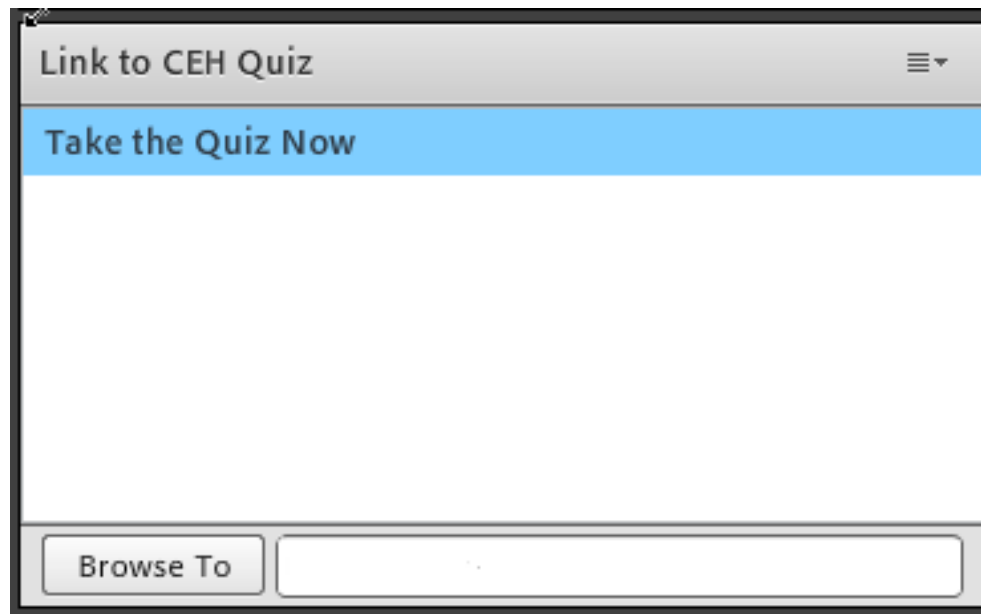
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Next Month's Webinar

Date: *Wednesday, October 17th*

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

Presenter: *Roberta Churchill*

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