



Greenbriar Treatment Center

Restoring hope, recovering
lives

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Part 1: A Practical Guide for the Provision of Behavioral Health Services

Chapter 1, Trauma Informed Care

Trauma and Substance Use Disorders

- ▶ Many people who have substance use disorders have experienced trauma as children or adults (Koenen, Stellman, Sommer, & Stellman, 2008; Ompad et al., 2005).
- ▶ Substance abuse predisposes people to higher rates of traumas, such as dangerous situations and accidents, while under the influence (Stewart & Conrod, 2003; Zinzow, Resnick, Amstadter, McCauley, Ruggiero, & Kilpatrick, 2010)
- ▶ In combination, these issues are often compounded by **arrest records**, lack of social support, homelessness, physical ailments, etc.

Not so fun fact:

According to one study, almost 40% of trauma admissions in 2020 were positive for alcohol.

McGraw, C., Salottolo, K., Carrick, M. *et al.* (2021).
<https://doi.org/10.1186/s40621-021-00322-0>

Solvent Bonding

People uncomfortable exploring the bond of shared trauma will often seek the socially sanctioned bond of getting drunk together.

Unfortunately, alcohol is a solvent that dissolves many of the relationships that could be used to recover from the trauma.

Beer Muscles/Beer Goggles

Beer Muscles

An overly aggressive posture brought on by alcohol consumption, and often paired with an overly optimistic assessment of one's fighting skills.

Beer Goggles

An alcohol induced lack of judgment, especially regarding potential sexual partners.





We may laugh about beer goggles and beer muscles, but both conditions can lead to unfortunate, even traumatic consequences.

Patience

We are planting seeds.

We can't expect them to sprout immediately.

They may have to be watered by our client's tears to grow.



The World According to Montrose

Many people who've experienced trauma become addicted, but not all addiction stems from trauma.

10/2/88

If you remember nothing else:

- ▶ Seeing the trauma through their eyes,
- ▶ Within their culture,
- ▶ Normalize their responses,
- ▶ Call on their strengths.
- ▶ At their pace,
- ▶ With few surprises,
- ▶ Thoroughly explaining why we're asking/doing something, and
- ▶ Instilling hope.

Seeing the
trauma
through
their eyes,



Counselors should recognize their perceptions of a specific trauma could be very different from their clients' perceptions.

How have they tried to make sense of the trauma?

- ▶ How has your life changed since the trauma?
- ▶ How do you understand your survival?
- ▶ Do you believe there are reasons this happened to you?
- ▶ What meaning does this experience have for you?
- ▶ Do you feel like the same person as before the trauma?

Psychological Meaning of Trauma

How does your client understand the trauma?

- ▶ Retribution for past deeds committed by the individual
- ▶ Survival as a sign they are meant for greater purpose yet to be revealed

People who attempt to share their interpretation and meaning of the event can feel misunderstood and sometimes alienated.

(Paulson & Krippner, 2007; Schein, Spitz, Burlingame, & Muskin, 2006)

Mental Illness May Alter Their Vision

Marc had scared me about the tiles. He had said the tiles were the opposite of the pavement. The pavement, he had said, was warm and heat shimmered up from its fecund kiln. Didn't know what that meant, but the way Marc said it, I knew it was true. But the tiles, he had said, were antiseptic and cold. Tiles drew the heat in. Tiles absorbed. First your fluids, then your sanity, and then your life. ER staff didn't bother to hide it. The tiles worked much faster down there. At night people bled, and pissed, and puked all over the place. By morning it was all sucked into the tiles and the empty bodies were thrown away.

It worked slower on the psych floors. The tiles sucked away your sanity a little at a time. With each stay you got a little crazier. Then they gave you a little more medication to replace the fluids absorbed into the tiles.

We admitted we were
powerless over alcohol, that
our lives had become
unmanageable.

How do they see it?

Did alcohol and other drugs play a role in their trauma?



We help people become part of the **'we'** of the first step.

They are not alone.

- ▶ Not in their trauma.
- ▶ Not in their struggles.
- ▶ Not in their use of AAOD.

Admitted: Questions to Explore

- ▶ Do they see admitting as weakness?
- ▶ Do they see admitting they have a problem with AAOD as one more loss?
- ▶ Would admitting they need to stop drinking seem like poking a hole in an already leaky life raft?

Within
Their
Culture,



View Trauma Through a Sociocultural Lens

- ▶ Culture influences whether certain events are perceived as traumatic, and how an individual interprets/assigns meaning to the trauma.
- ▶ Some traumas may have greater impact on a given culture because those traumas represent something significant for that culture or disrupt cultural practices or ways of life.

Culture determines:

- ▶ acceptable responses to distress,
- ▶ what qualifies as a legitimate health concern,
- ▶ which symptoms warrant help, and
- ▶ what forms of help are sought.

Meaning of trauma varies across cultures, for example:

- ▶ Trauma involving shame can be more problematic in Asian cultures.
- ▶ Alaskan natives more likely than others to see trauma as retribution.
- ▶ Sudden death of a loved one may not be as overwhelming in cultures that believe in an afterlife.

Cultural Meaning of Trauma

Your Only As Sick As Your Secrets

AA Slogan

This slogan should be applied with caution.
Dealing with the secrets lessens shame.

BUT:

- ▶ We need to be conscious of how their culture handles secrets.
- ▶ Some of our clients are too quick to share their secrets in less than ideal circumstances.

We Need to Help People Understand the Risk/Benefits of Sharing Secrets:

- ▶ Online
- ▶ In group therapy
- ▶ In individual therapy
- ▶ With clergy
- ▶ At open meetings
- ▶ At closed meetings

Normalizing
their
response,



One of the hardest slogans to
accept:

Life on Life's Terms

Support, Control, Choice & Autonomy

Clients possess **valuable personal expertise** and knowledge about their own presenting problems.

This shifts the viewpoint from “Providers know best” to the more collaborative **“Together, we can find solutions.”**

A Different View

Rather than seeing a client's behavior as pathology, SAMHSA suggests viewing it as a “*normal* reaction to *abnormal* circumstances.”

p. 13

In a nutshell:

Replace

‘What is wrong with you?’

with

“What has worked for you?”

BUT:

There is No
Problem So Bad
A Drink Cannot
Make It Worse



Powerless/Unmanageable

We need to be careful how we define
Powerless/Unmanageable

- ▶ We are not powerless over all facets of our lives.
- ▶ We increase our powerlessness when we pick up the first drink or other drug.
- ▶ Unmanageability comes from trying to manage that which we are powerless over.

We explore what has ‘worked’ for them, while trying to guide them in healthy directions. HALT is a good place to start:

Hungry

Angry

Lonely

Tired



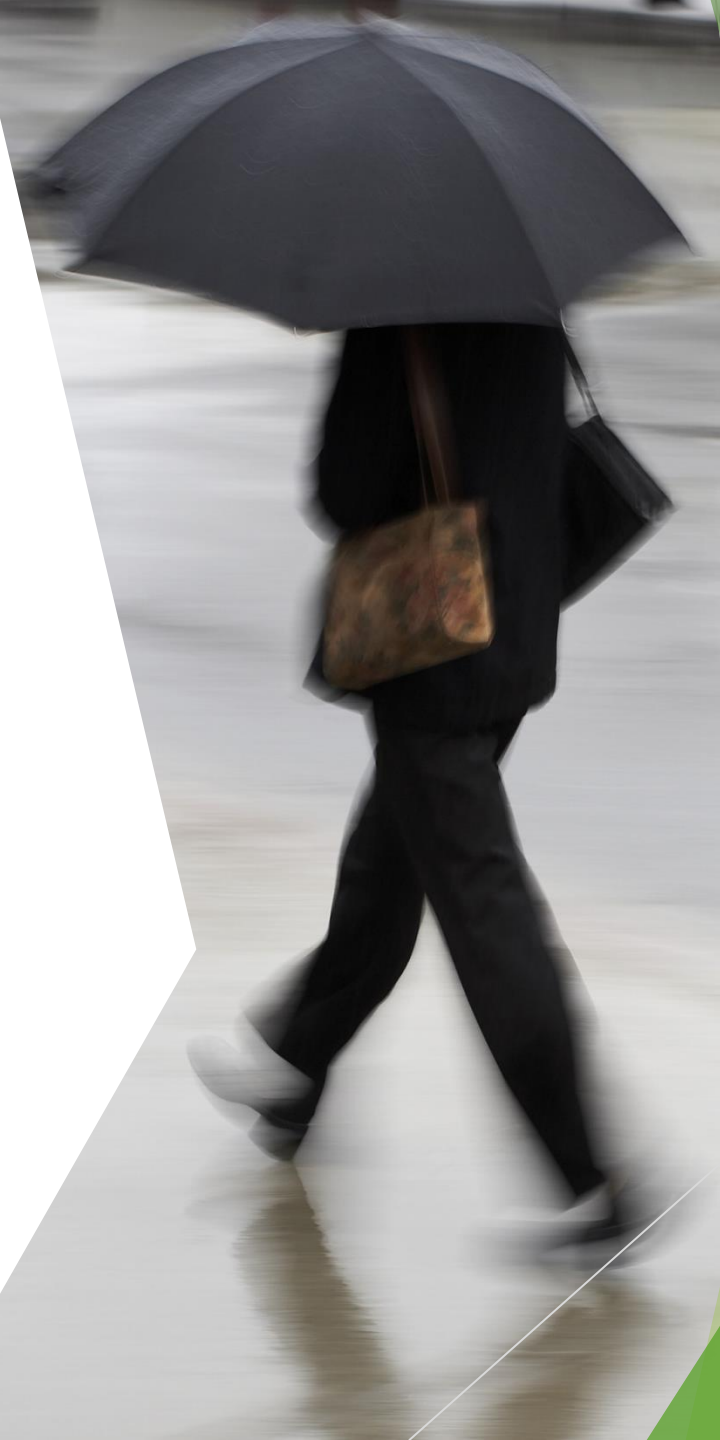
Calling on
their
strengths,

Focus on Strengths/Build Resilience

Examples of Strength Based Questions from TIP 57:

- ▶ What would you say are your strengths?
- ▶ How do you manage your stress today?
- ▶ What behaviors have helped you survive your traumatic experiences (during and afterward)?
- ▶ What are some of the creative ways that you deal with painful feelings?
- ▶ What coping tools have you learned from your _____ (fill in: cultural history, spiritual practices, athletic pursuits, etc.)?
- ▶ How do you gain support today? What does recovery look like for you?

At Their
Pace,



We know not addressing trauma makes recovery from substance abuse and/or mental illness much more difficult.

BUT

We need to avoid retraumatizing by recreating lack of control.

Treatment can resemble trauma when we:

- ▶ Dictate treatment plan w/o a client's input.
- ▶ Broadly define 'resistance.'
- ▶ Diagnose all trauma responses as symptoms of a mental illness.
- ▶ Insist client accept our beliefs to continue treatment.

Patience is Key

“They are being fulfilled among us—
sometimes quickly, sometimes slowly.
They will always materialize if we
work for them.”

Alcoholics Anonymous: The Promises from the Big Book.

Have Trauma Recovery as a Primary Goal

BUT *Don't force them to speak:*

- ▶ Don't want to revisit the trauma.
- ▶ Experience intense emotions/sensations/thoughts when recalling trauma.
- ▶ Feel treatment will make the trauma worse.
- ▶ Believe it's in the past, has no bearing on the present or future.
- ▶ Fear the impact of their trauma will be discounted or dismissed.



Expound on ODAAT

One Day At A Time:

- ▶ Don't pick up the first drink or other drug.
- ▶ Know you're one day tougher than you thought you were.
- ▶ Squeeze whatever joy can from the day.
- ▶ Put one more day between you and your trauma.
- ▶ Practice your coping mechanisms, moving on to healthier coping mechanisms.

The World According to Montrose

Take what you need and leave the
rest.

Take what you can handle for now and
leave the rest.

“No one among us has been able to maintain anything like
perfect adherence to these principles.”

Alcoholics Anonymous (the Big Book)



Progress Not Perfection

Don't Quit Five Minutes Before The Miracle Happens

With Few
Surprises,





Thoroughly
Explain Why
You're
Doing/Asking
Something,

Questions to Engender a Sense of Control

- ▶ What information would be helpful for us to know about what happened to you?
- ▶ Where/when would you like us to call you?
- ▶ How would you like to be addressed?
- ▶ Of the services I've described, which seem to match your present concerns and needs?
- ▶ From your experience, what responses from others appear to work best when you feel overwhelmed by your emotions?

SAMHSA TIP 57, p. 22

Familiarize Clients With Trauma Informed Services

- ▶ Expect clients to be unfamiliar with treatment services.
- ▶ Explain the value and type of trauma-related intake questions
- ▶ Educate clients about trauma to help normalize traumatic stress reactions
- ▶ Discuss trauma-specific interventions and other available services including methodology and **rationale**.

Creating a Safe Environment

Key elements in establishing a safe environment include:

- ▶ **Consistency** in client interactions and treatment processes
- ▶ **Following through** with what has been reviewed or agreed upon in sessions/meetings
- ▶ **Dependability**

Screening for Mental Disorders

- ▶ People in treatment for mental health issues are more likely to have experienced trauma
- ▶ Many will meet the criteria for PTSD
- ▶ More trauma survivors will develop anxiety disorders and/or depression

Many will hide their trauma, often for years.

"If the only tool
you have is a
hammer, it is
tempting to
treat
everything as if
it were a nail."

Abraham Maslow



Practice Makes Permanent



- Hold practice meetings in your facility.
- Encourage online meetings.
- Consider what type of meeting may be the best fit:
 - Twelve Step
 - SMART Recovery
 - Faith Based

Before Handing Someone A 12 Step Meeting List

- ▶ How many people attend the meeting?
- ▶ How big is the meeting space?
- ▶ What is the layout of the meeting room?
How many exits?
- ▶ What are the demographics?
- ▶ What is the format?



What is the
general vibe of
the meeting?

- ❖ Zenlike
- ❖ Businesslike
- ❖ Sitdownshuddup

Prepare People for Meetings

- ▶ Strong emotions may be expressed at Twelve Step and other meetings.
- ▶ We need to reassure clients they have the right to leave.
- ▶ They can set clear boundaries.
- ▶ No one meeting is the last word in recovery.

If Their Trauma Involved Religion...

- ❖ Self-Management and Recovery Training (SMART) Recovery
- ❖ Women for Sobriety
- ❖ Secular Organizations for Sobriety (S.O.S.)
- ❖ LifeRing Secular Recovery



And Instilling
Hope.

“There are those too who suffer from grave and emotional and mental disorders, but many of them do recover if they have the capacity to be honest.”

Support Your Clients

Provide a message of hope:

- ▶ they are not alone,
- ▶ they are not at fault, and
- ▶ recovery is possible and anticipated.

Most, regardless of the severity of the trauma, meet the immediate or enduring effects of trauma with resilience.

Likewise,
Most people do recover
from substance use
disorders eventually.

(If you go to rehab five times before you achieve lasting sobriety, do we count the first four attempts as failures?)

The Past Will
Never Get
Better,
But You Will

