Treatment for Trauma, PTSD and Substance Use Disorders in Women: An Adlerian Based Treatment Approach

By Shirley Butcher
INTRODUCTION
WHAT IS TRAUMA?

• An event or series of events that threaten you, perhaps even with death – that causes physical or emotional harm and/or exploits your body and/or integrity

• Trauma is pervasive and life-altering
DSM-5 Definition of PTSD

PTSD as exposure to actual or threatened death, serious injury or sexual violation.

• Pays more attention to the behavioral symptoms

4 Clusters:
• re-experiencing,
• avoidance,
• negative cognitions and mood,
• and arousal.
Presentation Purpose

- Post-traumatic stress disorder (PTSD) and substance abuse (SUD) are commonly co-occurring conditions.
- Both PTSD and SUD can be conceptualized as disorders with significant experiential avoidance components.
- Adlerian Individual Psychology, **social interest** can be developed through interventions in the integrated treatment setting and in individual therapy.
- To look at clinical presentations, issues, and treatment options
• Treatment is ineffective unless it acknowledges the realities of women’s lives of abuse.

• A history of being abused increases alcohol and other drugs

• Without treating all issues -- fall through the cracks, and eventually end up in the correctional system

• We need to address Trauma & SUD at the same time
SIGNIFICANCE AND PREVALENCE

- Trauma has been reported by 55-99% of female substance abusers.
- 25-80% of women & 20+% of men have a history of sexual victimization.
- Girls in high income families are at greatest risk for incest.
- Women who were sexually abused in childhood are more than twice as likely to be re-victimized as adults.
- >40% of women on welfare were sexually abused as children.
- The majority of people in the criminal justice system were abused as children.
SIGNIFICANCE AND PREVALENCE

• Trauma betrays -- beliefs, values, and assumptions
• Trust – about the world around us
• Trauma leads to unhealthy behaviors
• An adaptation not a pathology
**SIGNIFICANCE AND PREVALANCE**

Women in jail:

- Have histories of caregiver violence were 9x as likely to run away as teens;
- Partner violence were 4x as likely to engage in sex work and 2x as likely to deal drugs;
- Witnessed violence were 2x as likely to commit property crimes or assaults and 9x as likely to use weapons;
- Substance use disorder was 7x as likely to get DUls and 6x as likely to engage in sex work;
- Women with SMI were more likely to have experienced trauma, to be repeat offenders, and to have earlier onset of substance use and running away.
Commonly Overlooked Traumatic Events

- Falls or sports injuries
- Surgery (especially in the first 3 years of life)
- Sudden death of someone close
- A car accident
- Breakup of a significant relationship
- A humiliating or deeply disappointing experience
- Discovery of a life-threatening illness or disabling condition
*Commonly Overlooked Traumatic Events*

**Historical Trauma**-
- Multigenerational trauma experienced by a specific cultural group is cumulative and collective

**Examples**-
- Immigrants
- Intergenerational Poverty
- People of Color
- American Indians/First Nations Peoples
TRAUMA THROUGH THE LEGAL SYSTEM

• Handcuffs
• Mandated medication
• Seclusion & restraint type procedures
**SCOPE OF THE PROBLEM**

- As many as **90%** of women seeking SUD treatment report histories of sexual and physical assault.
- Among substance abusers, rates of PTSD range from **14-60%**.
- Among PTSD populations, co-occurring substance use disorders may occur in **60-80%** of individuals.
*Among Women in Residential Drug and Alcohol Treatment Centers:

- 57% report emotional abuse
- 49% report physical abuse
- 40% report sexual abuse
- 73% of women reported a history of rape
- 45% reported repeated rape experiences
- Many have multiple issues
MEN WITH CO-OCCURRING DISORDERS

• Men with co-occurring disorders frequently have trauma
• Studies suggest 12-15% have PTSD and SUD
• Men report crime victimization, disaster, and combat more often than childhood abuse
IMPORTANCE of the ACE STUDY to TRAUMA & SUD

• 90% of public mental health clients have been exposed to, and most have actually experienced, multiple exposures of trauma

• ACE (Adverse Childhood Experiences) Study
  • Almost 2/3 of the study participants reported at least one adverse childhood experience of physical or sexual abuse, neglect, or family dysfunction
  • More than one in five reported three or more such experiences

• (ACE TEST)
ACE STUDY

Risk of Adult Substance Abuse Increases with more Adverse Childhood Experiences (ACEs)

Self-Report: Alcoholism

- 0 ACEs: 2%
- 1 ACEs: 6%
- 2 ACEs: 10%
- 3 ACEs: 12%
- 4 ACEs: 14%

Self-Report: Illicit Drugs

- 0 ACEs: 5%
- 1 ACEs: 10%
- 2 ACEs: 15%
- 3 ACEs: 20%
- 4 ACEs: 25%
- 5+ ACEs: 30%

Source: Dube et al., 2002

Source: Dube et al., 2003
Mechanisms by Which Adverse Childhood Experiences Influence Health and Well-being Throughout the Lifespan
TRAUMA RISK

• Risks of an Event being Traumatic
  • It happened unexpectedly.
  • You were unprepared for it.
  • You felt powerless to prevent it.
  • It happened repeatedly.
  • Someone was intentionally cruel.
  • It happened in childhood.
  • You are too sensitive.
Triune Brain
Neurobiological Changes

- Limbic System -- Hippocampus and Amygdala
- Neurotransmitters and Peptides -- Numbing and Depression
- Changes in Hormonal System -- HPA axis
  - Arousal
*TRAUMA AND THE BRAIN*

**FRONTAL EXECUTIVE FUNCTIONING AREAS: DISENGAGED**

The prefrontal cortex is the “CEO” of the brain. It regulates decision making, judgment, planning, moral reasoning, and sense of self. Stressful experiences (academic pressure, sleep deprivation, substance abuse, etc.) disengage the frontal lobes. Over time, this can lead to impulsive, short-sighted, even violent behavior; increased anxiety; depression; alcohol and drug abuse; learning disorders; and increased stress-related diseases.

**SUBCORTICAL FIGHT OR FLIGHT AREAS: ENGAGED**

The subcortical arousal system—thalamus, hippocampus, brainstem, and hypothalamus—mobilizes the body for action, increasing heart rate, respiratory rate, and muscle tone. The nature of this system is to bypass the frontal executive functioning and trigger the fight-or-flight mode.
Brain Responses to Fear
TRAUMA AND THE BRAIN

Diagram:

- What happens to the brain during loss, crisis, or trauma?

- Flooding It Overwhelms

- Loss
- Crisis
- Trauma

- Trauma:
  - Too much Epinephrine and Norepinephrine may change brain chemistry.
  - Memory deficit. Damage to brain structure.

- Recovering means moving more to the left.
- Recovering means making sense of what happened cognitively.
Trauma Related Brain Changes

- Changes in brain functioning and development
- Affect the way the brain copes with stress
- Suicidal ideation/attempts
- Self-destructive behaviors-cutting
- Increase risk for depression, anxiety
- Borderline personality disorder
- Increase risk for paranoia, hallucinations
- Anger problems, poor attention, and concentration
Clinical Challenges in the Treatment

• Abstinence may not resolve comorbid trauma-related disorders – for some PTSD may worsen
• Confrontational approaches typical in addictions settings frequently exacerbate mood and anxiety disorders
• 12-Step Models often do not acknowledge the need for pharmacologic interventions
• Treatments for PTSD only may not be advisable to treat women with addictions or may be marked by complications
• Improve less, Worse coping, Greater distress
• More positive views of substance use (understandably)
Survivors of early childhood sexual abuse use drugs and alcohol to cope with physical and emotional pain, memories and other symptoms of past trauma.

*PTSD symptoms often become worse with initial abstinence.*
Women with PTSD and SUD have particularly severe levels of symptoms compared to women with only PTSD

• More co-occurring diagnoses
  • More medical problems
  • High rate of suicide attempts (78.6%)
    • More cognitive distortions
  • Lower compliance with aftercare
  • Lower motivation for treatment
  • More inpatient admissions
WOMEN WITH CO-OCCURRING DISORDERS

STIGMA

- Need safety to disclose chemical use
- May become disruptive when trauma history becomes evident
- Face tremendous stigma
- Often most need these services
- Least likely to seek/receive services
- Violence often seen as a “natural” part of life
Lisa Najavits defines PTSD as:

“PTSD means being stuck in the trauma, unable to successfully face the emotional pain, cope with it, and go on with normal life.”
COST OF UNTREATED PTSD & SUD IN WOMEN

- Increased need and rate of use of ER and crisis services
- Repeated treatment due to relapse
- Total cost of treatment for mental illness and SUD per year >$300 billion.
- 75% may be attributable to childhood trauma
- Increased jail costs
WHEN TREATMENT FAILS

• Dually diagnoses people may internalize a sense of failure
• May feel they are crazy, lazy, or bad
• Sense that something is terribly wrong
• Demoralization
• Self-blame
• Social isolation
• Increase in Self Interest
WHAT TREATMENTS WORK?

• Cognitive behavior therapy
• Exposure therapy & Flooding
• Eye Movement Desensitization (EMDR)
• Group and individual approaches
• Strengths & Skills based
• Self-help (e.g., Courage to Heal, Addicted Brain)
• Higher Power based (AA, NA, etc.)
• Pharmacotherapy
• Somatic Experiencing (TRE)
COMORBID TREATMENT APPROACHES

- **Concurrent Model**: Additional components may be integrated and delivered concurrently

- **Sequential Model**: Initial phase may focus on substance abuse related symptoms in preparation for working on trauma related symptoms later
IMPORTANCE OF INTEGRATED APPROACH

• Less than 20% of substance treatment centers offer specialized trauma related services.

• Many treatment centers have no process of assessing for trauma related disorders.

• Few treatment providers have specialized training in treating trauma related disorders and often miss PTSD diagnoses or symptoms.

• Clients with co-occurring PTSD and SUD have worse outcomes than those with either diagnosis alone.

• Recovery rates are particularly low in programs that fail to address trauma related issues.

• SUD may not be effectively managed until trauma based issues are addressed
RESEARCH BASED APPROACHES

• A few have been rigorously tested:
  – Triffleman et al: Substance Dependence PTSD Therapy (SDPT) = Assisted Recovery from Trauma and Substances
  – Najavits et al: Seeking Safety
  – Back, Brady et al: Concurrent Treatment of PTSD and Cocaine Dependence
  – Assisted Recovery from Trauma and Substances (ARTS; as SDPT, Triffleman et al 1998, 2000, 2001)
  – Manualized Cognitive-Behavioral Treatment with careful attention to transference and countertransference issues
Najavits (1996): Open, uncontrolled trial of N=17 treatment completers showed decreases in PTSD severity

Hien (2000): N=100, comparing Seeking Safety and Cognitive-Behavioral Coping Skills Therapy: equivalent outcomes through 6-month follow-up; return to baseline at 9 months

Back, Brady et al (2001): uncontrolled trial, high rates of drop-out within first four weeks

Integrated counseling may be one of the key program features that impacts outcomes.

Trauma-focused PTSD treatment preliminary appears more effective in decreasing PTSD and SUD symptoms than SUD treatment alone, without jeopardizing patient’s safety or treatment retention
WHAT WORKS?

• Here and now focus
• Skills for self-regulation
• Increased confidence in ability to self-regulate
• Skills for distress tolerance
• Stress reduction skills
• Interpersonal skills training
• Mind-Body-Spirit Interventions
• Formal programs (Dialectic Behavior Therapy (DBT): Marsha Linehan, Seeking Safety: Lisa Najavits)
• ADLERIAN THEORY - Creating meaning, significance and belonging
Creating a Best Practice Model

• Using an Adlerian Holistic Approach with Collaboration between Systems
• Shared language and conceptual framework
• Trained Providers using integrated treatment
• Treatment settings must routinely assess for substance disorders and psychiatric disorders (especially trauma based symptoms)
• Assisting clients in creating support systems, networks and groups
• Psychosocial rehabilitation and coping through social interest
APPROACH SHOULD BE CULTURALLY SPECIFIC

• Interventions that have been culturally modified may ease barriers and increase the level of engagement.
• Incorporating culturally appropriate terms.
• Integrating culturally specific stories and proverbs can increase the comfort level.
Adlerian View of Human Nature

- Adler stressed a positive view of human nature.
- Individuals can control their fate.
- Help others (social interest).
- Lifestyle

“Meanings are not determined by situations, but we determine ourselves by the meanings we give to situations.”

Alfred Adler
Overview

• The one dynamic force behind people’s behavior is the striving for success or superiority

• People’s subjective perceptions shape their behavior and personality

• Personality is unified and self-consistent. The value of all human activity must be seen from the viewpoint of social interest

• The self-consistent personality structure develops into a person’s style of life

• Style of life is molded by people’s creative power
Adlerian Integrated Therapy Approach

• Adlerians attempt to view the world from the client’s subjective frame of reference

• Unconscious instincts and our past do not determine our behavior
  – It is not genes
  – It is not environment
  – It is not genes and environment
  – It is *how we choose to respond* to our genes and environment
Basic Tenets of Adlerian Based Treatment

**Lifestyle or Style of Life**
- patterns of beliefs
- cognitive styles
- behaviors

**Holism**
- Views humans as a unit
- A whole that functions as an open system
Basic Adlerian Theory Tenets

**Feeling of Inferiority**
- Feelings of inadequacy and incompetence -- serve as the basis to strive for superiority in order to overcome feelings of inferiority.

**Inferiority Complex**
- If people are overwhelmed by the feelings of inferiority -- they develop an inferiority complex.
# Basic Tenets of Adlerian Based Treatment

<table>
<thead>
<tr>
<th>Striving for Superiority</th>
<th>Superiority Complex</th>
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<tbody>
<tr>
<td>- Refers to the desire to be better</td>
<td>- Is an exaggerated striving for superiority</td>
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<tr>
<td>- The drive to become superior allows individuals to become skilled, competent, and creative</td>
<td>- The individual hides their feelings of inferiority</td>
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<td></td>
<td>- Used as a method of escape from difficulties.</td>
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<tr>
<td></td>
<td>- In reference to unhealthy or neurotic striving.</td>
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Compensation

• Examples: Bullies, narcissists

• Even more subtle: people who hide their feelings of worthlessness in the delusions of power afforded by alcohol and drugs.
“The feeling of inferiority rules the mental life and can be clearly recognized as the sense of incompleteness and unfulfillment ... both of individuals and of humanity.”

Alfred Adler
Treatment Must Address Tasks of Life

• Emphasis on lifestyle (5 life tasks)

• Adler’s Five basic obligations and opportunities:
  – Social interaction
  – Work/Occupation
  – Love/Sex
  – Cosmos (Spirituality, Higher Power, Religion)
  – Self –Self Development

• These are used to help determine therapeutic goals.
“It is the individual who is not interested in his fellow men who has the greatest difficulties in life and provides the greatest injury to others. It is from among such individuals that all human failures spring.”

— Alfred Adler, *What Life Could Mean to You*
Newest Components of Trauma-informed Services

• Competence model – sees strengths
• Client’s worldview is due to trauma
  – Distrust, danger, confusion and self-blame are normal
• Sees how dealing with stresses of trauma causes clients to adopt less healthy ways to behave
• Appreciates early traumas inform later complex coping skills, continue to develop over a lifetime
• Understands trauma informs client’s identity even when not realized
• Grounded in founding Principles of Trauma-Informed Services
Trauma-Informed Treatment Services

• Emphasis is on whole person – how you lead your life. 
  -“How can I come to understand this person fully?”
• Focus not just on functioning
• Agency message becomes “your behavior makes sense given your circumstances”
• Clients & staff begin to see clt behaviors as coping & brave, not pathological/unhealthy
• Trauma seen as complex PTSD resulting from chronic &/or repeated stressors
• Strength-based approach
• Clients actively involved in all aspects of tx planning & services
  - We are equal partners
Core Values of Trauma-informed Care

- **Safety**: Ensuring physical and emotional safety
- **Trustworthiness**: Maximizing trustworthiness, making tasks clear, and maintaining appropriate boundaries
- **Choice**: Prioritizing consumer choice and control
- **Collaboration**: Maximizing collaboration and sharing of power with consumers
- **Empowerment**: Prioritizing consumer empowerment and skill-building
Integrated Therapeutic Approach

- View the world from the client’s subjective frame of reference

  - Reality is less important than how the individual perceives and believes life to be

  - It is not the childhood experiences that are crucial ~ It is the present interpretation of these events
“seeing with the eyes of another, listening with the ears of another, and feeling with the heart of another.”

— Alfred Adler
Encouragement/Discouragement

• **Encouragement** is the most powerful method available for changing a person’s beliefs

• **Discouragement** is the basic condition that prevents people from functioning
COMORBID PTSD AND SUD

• Leads to **exaggerated feelings of inferiority**
• **Safeguarding techniques**
• **Excuses** (yes...but; only if...)
• **Aggression** (to safeguard their exaggerated superiority complex)
• **Depreciation** (undervalue others achievements)
• **Accusation** (blame others for one’s failures and to seek revenge)
PTSD & SUD: Coping through Social Interest

Social interest is the “sole criterion of human values”

Purposed increased coping therefore reduction in recidivism
One factor that underlies all types of maladjustments in underdeveloped social interest.

We are our own architects and can build either a useful or a useless style of life.
Treatment Process

**Techniques:**
- Phase 1 - Establishing relationship
- Phase 2 - Explore individual dynamics
- Phase 3 - Encourage self-understanding and insight
- Phase 4 - Reorientation

**Therapeutic Process:**
- Goals
- Discover purposes to behavior or symptoms and basic mistakes associated with coping.
- Correct faulty assumptions and conclusions.
Treatment Process

Relationship:

- Cooperation, trust, respect, confidence, and alignment of goals
- Counselor models communication and acts in good faith!
- Promoting socially interested coping preventing relapse
Treatment Process

Client’s Experience:

• Recognize errors in their thinking (challenge and doubt past decisions)
• Fearful of leaving old patterns.
• Client’s explore concepts of self, others and life (private logic).
• Feelings are aligned with thinking and fuel behaviors (We think, feel, act)
• Offer discouraged client’s encouragement!
“We should be humbled in the presence of our clients for *they* are the heroes of their lives.”

--- Scott D. Miller
## Similarities of Trauma-informed Care and Adlerian Perspective of Treatment

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<thead>
<tr>
<th><strong>Trauma-Informed Care:</strong></th>
<th><strong>Alfred Adler’s Individual Psychology:</strong></th>
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<tbody>
<tr>
<td>1. Establish a safe environment.</td>
<td>1. The therapeutic relationship—a collaborative partnership</td>
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<tr>
<td>2. Use an empowerment model.</td>
<td>2. A subjective approach</td>
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<tr>
<td>• Always respect a client’s right to choose</td>
<td>• Life experiences (perception) explanation of human behavior</td>
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<tr>
<td>• Focus on client strengths</td>
<td>• Birth order and sibling relationships</td>
</tr>
<tr>
<td>• Build client skills</td>
<td>• Encouraging (empowerment model)</td>
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Similarities of Trauma-informed Care and Adlerian Perspective of Treatment

3. Support the development of healthy relationships
4. Build healthy coping skills.
   • Emotional self-awareness, Grounding, Self-soothing, and Making safe choices
5. Provide access to trauma-specific services.
6. Design holistic services

3. Social interest is stressed (coping, support the development of healthy relationships)
4. Basic mistakes in the client’s private logic
5. Therapy as teaching, informing
6. Based on the holistic concept
"The only normal people are the one's you don't know very well."

Alfred Adler