

Trauma, Mental Health and Addiction: Understanding the Connections

Lydia Anne M Bartholow, DNP, PMHNP, CARN-AP

Disclosures

- None to report

Who am I?

- Person in long term recovery
- Nurse first! But I do have a doctorate (DNP)
- PMHNP, CARN-AP
- Central City Concern, Associate Director of Behavioral Health at Blackburn

Objectives

- 1. Identify neurobiological vulnerabilities in trauma survivors
- 2. Explain trauma sequela as it pertains to SUD
- 3. Comprehend trauma informed systems as they pertain to SUD

Why this talk?

- Childhood trauma increases the risk of addiction (specifically IV drug use) in adulthood by **4600%**. [Felitti, 2004]

Agenda

- The importance of language
- ACES Study
- Neurobiological vulnerability
- To make whole: Integration
- Trauma Informed Care

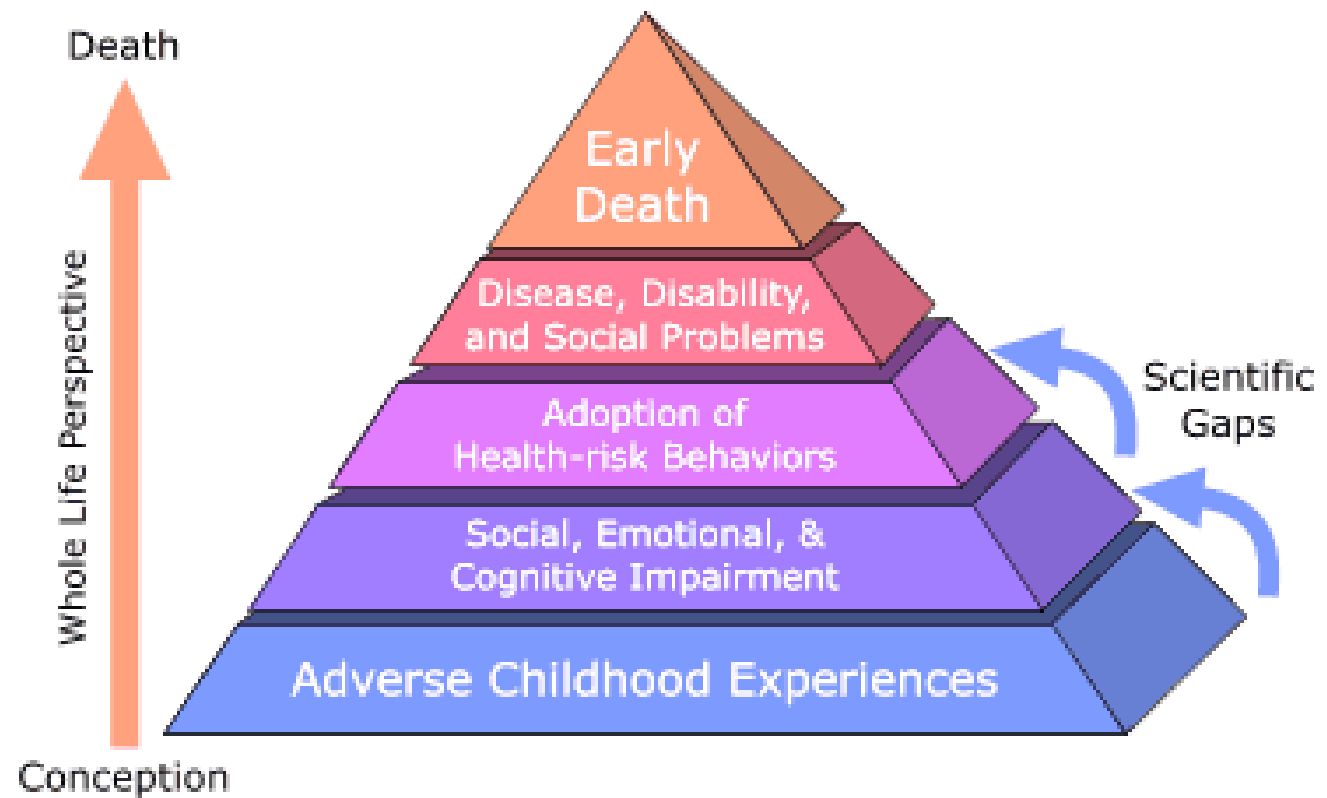
The Importance Of Language

Recovery Dialects	Mutual Aid Meetings	In Public	With Clients	Medical Settings	Journalists
Addict	✓	STOP	STOP	STOP	STOP
Alcoholic	✓	STOP	STOP	STOP	STOP
Substance Abuser	STOP	STOP	STOP	STOP	STOP
Opioid Addict	✓	STOP	STOP	STOP	STOP
Relapse	✓	STOP	STOP	STOP	STOP
Medication Assisted Treatment	STOP	STOP	STOP	STOP	STOP
Medication Assisted Recovery	✓	✓	✓	✓	✓
Person w/ a Substance Use Disorder	✓	✓	✓	✓	✓
Person w/ an Alcohol Use Disorder	✓	✓	✓	✓	✓
Person w/ an Opioid Use Disorder	✓	✓	✓	✓	✓
Long-term Recovery	✓	✓	✓	✓	✓
Pharmacotherapy	✓	✓	✓	✓	✓

Language matters but can change depending on the setting we are in. Choosing when and where to use certain language and labels can help reduce stigma and discrimination towards substance use and recovery.

SOURCE: Ashford, R. D., Brown, A. M., & Curtis, B. (2018). Substance use, recovery, and linguistics: The impact of word choice on explicit and implicit bias. *Drug and Alcohol Dependence*, 189, 131-138.

ACES Study

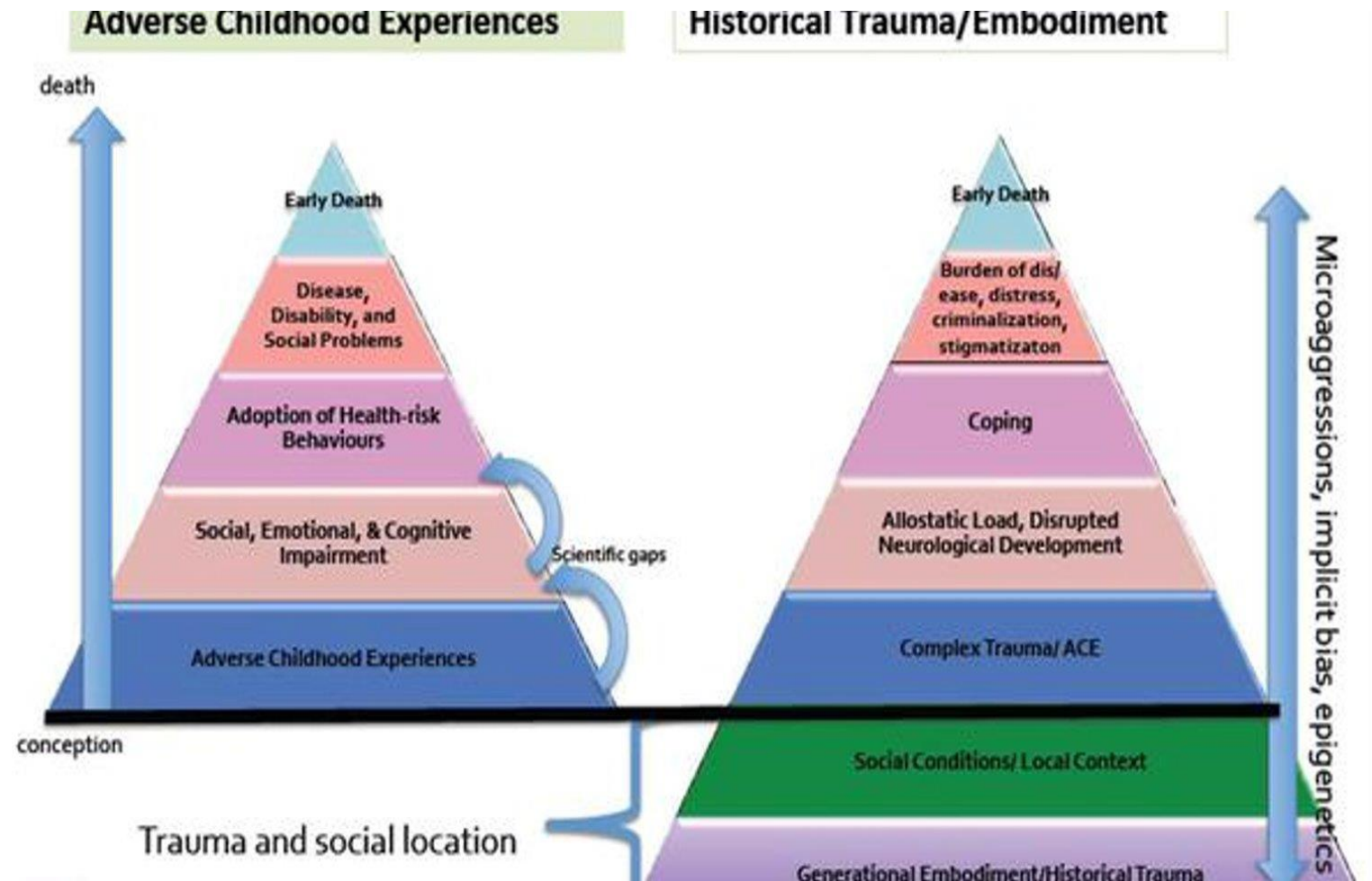


ACE Pyramid, Centers for Disease Control 2014

ACES Study

- Who, or what, is left out of the ACES study?

ACES Study



Neurobiological Vulnerability

Somatic exercise



- **Executive Functioning Is Responsible for:**
- *Emotion Regulation*
- *Inhibitory Control*
- *Self-monitoring*
- *Paying Attention*
- *Planning and organizing*

- Executive Functioning Is Responsible for:
- ***Emotion Regulation***
- *Inhibitory Control*
- *Self-monitoring*
- Paying Attention
- Planning and organizing

Trauma-OUD Overlay

- Two major areas wherein trauma and SUD overlap and entangle:
 - 1. Decreased cortical control/Executive function impairment
 - 2. Similar neuro-hormal landscape (esp in withdrawal):
 - excessive CRF, NE. Impaired DA and 5HT.
- [Koob, 2017 | van der Kolk, 2015]

Trauma-SUD Connection

- Transform our understanding of dopamine in this disease:
 - Persistent hyperarousal (and subsequent hypoarousal)
 - High ACES scores = people come into adulthood with a deficit in dopamine
[van der Kolk, 2015]
- Amygdala has exceptionally high concentration of opioid receptors [Zubieta, 2001]

Neurobiological Vulnerability

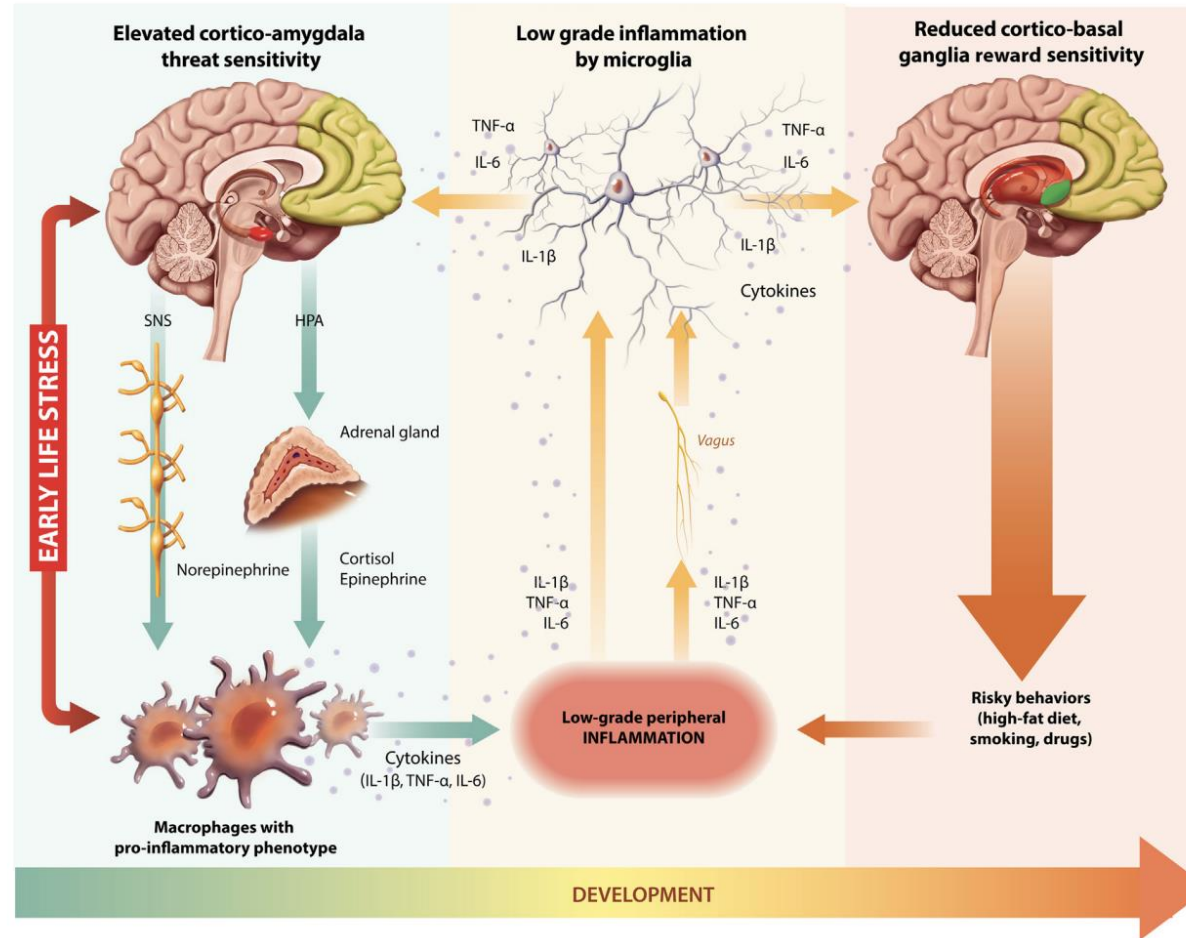


Figure 1. Depiction of neuroimmune network hypothesis. HPA, hypothalamic-pituitary-adrenocortical; IL-1 β , interleukin-1 β ; IL-6, interleukin-6; SNS, sympathetic nervous system; TNF- α , tumor necrosis factor-alpha. Illustration by Chi-Chun Liu and Qingyang Chen.

Nusslock, R., & Miller, G. E. (2015).

Trauma-SUD Connection

- “Ritualized compulsive comfort seeking”
 - – Dr. Daniel Sumrok, MD



Choice

A New Paradigm for understanding SUD



Choice

Disease

A New Paradigm for understanding SUD

Choice

Disease

Skill

A New Paradigm for understanding SUD

Choice

Disease

Skill

Structural

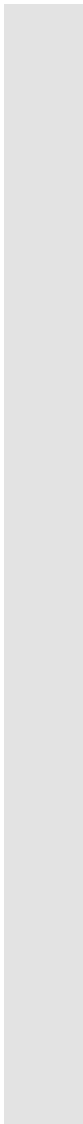
Violence

A New Paradigm for understanding SUD

To make Whole: Integration

- Maria's Story





Trauma Informed Tenets and Values

- Acknowledges the prevalence of trauma, and the subsequent changes to neurophysiology.
- Transparent
- Strengths Based and Rewarding
 - (love and contingency management)
- Predictable
- Collaborative
 - Shared Decision making
- Actively resists re-traumatization
- Emphasizes Just Culture
- Highlights Peer Inclusion
- Addresses equity
- Attentive to staff trauma burden

Trauma Informed VS Trauma Specific?

Informed	Specific
Universal precautions	Treats disorder in an individual
Builds attentive systems for cts and staff	Target specific symptoms of trauma (e.g. prazosin for nightmares)
Changes how we think about the pathology	Utilizes modalities such as EMDR, SE, etc
Doesn't necessarily screen for Trauma	Screens and offers intervention for PTSD

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