Safe Recovery:
Understanding Substance Use Disorders from a Trauma Informed Lens

LYDIA ANNE M BARTHOLOW,
DNP, PMHNP, CARN-AP

COASTAL OREGON
FALL 2018

Who am I?

- DNP, PMHNP, CARN-AP
- Medical Director of Outpatient Substance Use Disorder Services @ Central City Concern
- Nurse first!
- Person in long term recovery
- Person with a history of trauma

Why this talk?

- Children who experience trauma are 46% times more likely to develop an IV substance use disorder (SUD) as an adult.
- Our understanding of addiction, and subsequently our treatment of SUDS, must reflect this knowledge.
Agenda

- Understanding the epidemiology
  - ACES
  - Prevalence
- Neurobiology of Trauma and Addiction
- New conceptualizations of SUDS
  - Neuroscience
- Trauma Informed Care
  - Clarifying Trauma Informed vs Trauma Specific
- Workshop: how to build trauma informed services

Understanding the Epidemiology

- Bulk of the evidence comes from the ACES study
  - “The Origins of Addiction” (Not a disease)
- Felitti, Late 1990s
- Kaiser population
  - 9 questions:
    - IPV
    - Material needs not met
    - Neglect
    - Physical Abuse
    - Verbal Abuse
    - Sexual abuse
    - Loss of family member to criminal justice system
    - Mental health or SUDs in the home
    - Loss of parent to divorce or death

Alcoholism and ACES

Childhood Experiences vs. Adult Alcoholism

![Graph showing the relationship between ACE score and childhood experiences vs. adult alcoholism.](image-url)
IV Drug Use and ACES

Thinking about the Trajectory:

Overall ACES

- Remember the population sampled?
More on the Trajectory:

- Adverse Childhood Experiences
- Historical Trauma/Embodiment

Neurobiology of Trauma and Addiction

- Somatic Exercise

Understanding Executive Function

- 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-hormonal landscape (esp in withdrawal):
    - Excessive CRF, NE, Impaired DA and 5HT.
  - [Kooh, 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]

Salience
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
A NEW PARADIGM FOR UNDERSTANDING SUD

Neuroscience

<table>
<thead>
<tr>
<th>&quot;Salience&quot;</th>
<th>&quot;Dark Side&quot;</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mood becomes more manageable</td>
<td>Mood becomes dysregulated</td>
</tr>
<tr>
<td>Increase in euphoria via various brain communicators</td>
<td>Dysphoria and disease via various brain communicators</td>
</tr>
<tr>
<td>Increase in Opiate Peptides, Dopamine and GABA</td>
<td>Decrease in Opiate peptides, dopamine receptors, and GABA activity</td>
</tr>
</tbody>
</table>

Salience

Choice Disease Skill
Trauma Informed Care

Trauma Informed Tenets and Values

• Acknowledges the prevalence of trauma, and the subsequent changes to neurophysiology.
• Transparent
• Strengths Based and Rewarding
  • (love as 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?

<table>
<thead>
<tr>
<th>Informed</th>
<th>Specific</th>
</tr>
</thead>
<tbody>
<tr>
<td>Universal precautions</td>
<td>Treats disorder in an individual</td>
</tr>
<tr>
<td>Builds attentive systems for cts and staff</td>
<td>Target specific symptoms of trauma (e.g. prazosin for nightmares)</td>
</tr>
<tr>
<td>Changes how we think about the pathology</td>
<td>Utilizes modalities such as EMDR, SE, etc</td>
</tr>
<tr>
<td>Doesn’t necessarily screen for Trauma</td>
<td>Screens and offers intervention for PTSD</td>
</tr>
</tbody>
</table>
Patients Maintained with OAT Demonstrate VASTLY Less Relapse with Opioids.

(OAT = Opioid Agonist Treatment)

You Role: Final Take Away's

- Speak up and out about what we know about SUDs
- Speak up and out about how we treat those who struggle with SUDs
- Speak up and out about stigma against MSR/MAT

References