

Aspects of Mental Health, Trauma & Substance Use: When Worlds Collide

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Dysfunctional Patterns & Trauma

- **Dysfunction:** settings where individuals engage in behavior that is inconsistent or unpredictable, creating chaotic environments; includes: domestic violence, physical abuse, sexual abuse, or verbal abuse, displays of power, and spreading of misinformation / myths.
- **Trauma:** condition resulting from any experience of violence, which constitutes an assault against one's physical body, self-concept, identity, cognitions, affects, and consciousness.

The “Three-Factors”

- In examining the impact of trauma on mental health:
- 34 - 53% of SMI people report a history of trauma
- Among those with co-morbid AOD: 43% of women, 12% of men w/ trauma history
- CSAT estimates that 2/3 of women and men in treatment have a history of childhood neglect
- One study reported 20% of women entering MH or AOD treatment had the “triple diagnosis;” of those, 70-85% had a history of MH or AOD treatment in the past 5 years.

Intersecting Factors

- Greater likelihood of physical & sexual trauma among those with mental disorders – especially women
 - Up to 7 times more likely to experience a sexually abusive incident
 - 80% of assaults are committed by an acquaintance
- Women are also more likely to **report** a physically abusive incident – 3:1 over men
 - 22% of women
 - 7% of men

Trauma & Gender

- At least 60% of women in substance abuse treatment report having been abused (physically or sexually) at least once (50% - 92%)
- A significant number of women in AOD treatment report having experienced **multiple incidents** of abuse.

Child Sexual Abuse

- Exploitation/victimization of child under 18 years of age by an adult, adolescent, or older child
 - Determined to be abuse based on difference in
 - Age
 - Sexual knowledge, ability to consent
- Incest involves sexual contact between family members
- Prevalence
 - 1 in 3 girls
 - 1 in 6 boys are sexually abused by age 18

Differences in Rates of Mental Health Diagnoses

- Women (examples)
 - Depression (3x)
 - Trauma-related PTSD
 - Borderline Personality Disorder
 - Eating Disorders
 - Phobias
 - Anxiety-Disorders (2x)
- Men (examples)
 - Schizophrenia
 - Anti-social Personality disorder
 - War/combat-related PTSD

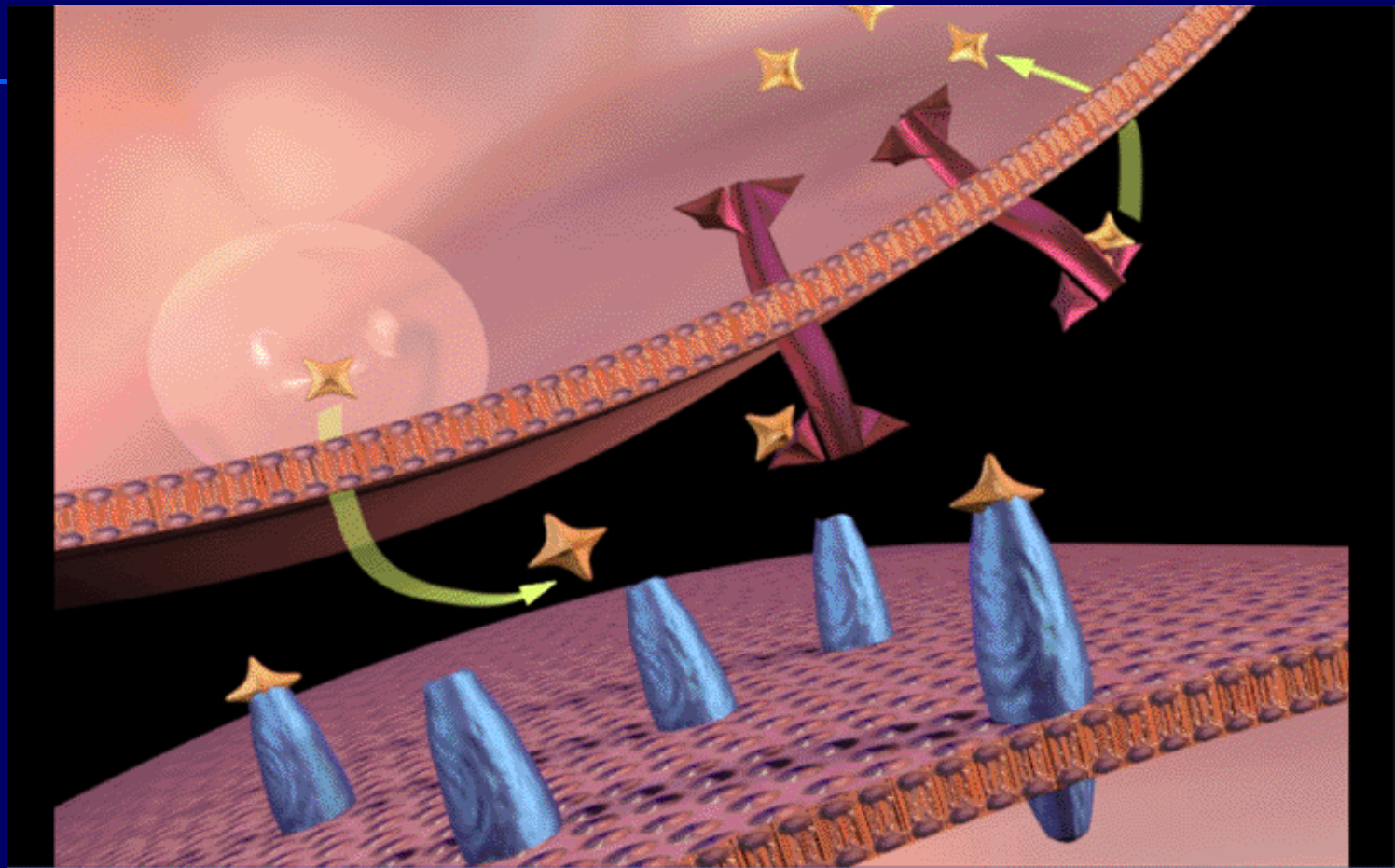
Mental Health & Substance Use

- **Nearly twice rate of general population (14% vs. 28%)**
 - Can vary by DSM-IV diagnosis, patterns of “drugs of choice”
- **“Self-medication” of untreated/undiagnosed mental disorders**
 - Minimize symptoms: depression, anxiety
 - Similar chemical action in brain with neurotransmitters
 - Help to forget about abuse, reduce flashbacks, etc.

Chemical Factors Related to Mental Illnesses, AOD Use

- Physiological Aspects: characterize both men & women
 - Chemical differences in the brain related to neurotransmitters:
 - Dopamine 
 - GABA
 - serotonin, norepinephrine, & acetylcholine
- Same chemicals in the brain have been empirically linked to presentation of schizophrenia, depression, bipolar disorder, and other mental health problems.

Natural dopamine pathway



Cocaine's action in dopamine pathway



Drugs of Choice Among Different Diagnostic Groups

Diagnosis	Any Substance Abuse	Alcohol Abuse	Other Drug Abuse
<u>Bipolar Disorder</u>	<u>61%</u>	<u>46%</u>	<u>41%</u>
Schizophrenia	47%	34%	28%
Affective Disorders	32%	22%	19%
PTSD	31%	40%	17%
Major Depression	27%	16%	18%
Anxiety Disorders	24%	18%	12%

Most Common Emotional Impact of Abuse

- **Post Traumatic Stress Disorder (PTSD)**
 - Reactions can occur months or years after an incident
- Also higher rates of depression, dissociative disorders, anxiety disorders, self-mutilation, attempted suicide, and low-self-esteem than general population studies

Substance Abuse & PTSD

- One study of women in SA treatment showed that women who also had PTSD had more severe clinical profile (multiple issues)
 - Worse life conditions (as child and adult)
 - Greater criminal behavior
 - Higher number of lifetime suicide attempts
 - Sibling with substance abuse problem

Assessing Trauma

- Individual has active symptoms of PTSD, begin to address them immediately
- During initial 30 days in treatment, client becoming engaged in treatment
 - Assess for ongoing DV
 - Not optimal for dealing with trauma, unless client unable to maintain abstinence
- 2nd stage of recovery, 30 days to 2 years
 - Client engaged in treatment
 - Some support systems in place

Trauma assessment

- Client's may not not reveal trauma histories
 - Shame
 - Suppressed memories
 - Minimize experiences
 - Concerns about confidentiality
 - Trust
 - Triggers

"It is fearful to disclose abuse. Your risk being judged, being penalized, being discredited, invalidated, and having your feelings minimized."

Trauma Assessment

- Must re-assess as treatment progresses
- Prepare clients that talking about such issues may be uncomfortable

For Disclosure:

- Have appropriate support available in case crisis occurs during disclosure
 - Accessibility of mental health practitioner
- Assess how client is feeling about disclosure
 - distraught?
 - Assess for suicidal ideation
- Assess sources of emotional and social support available to clients. Provide referrals for appropriate support services

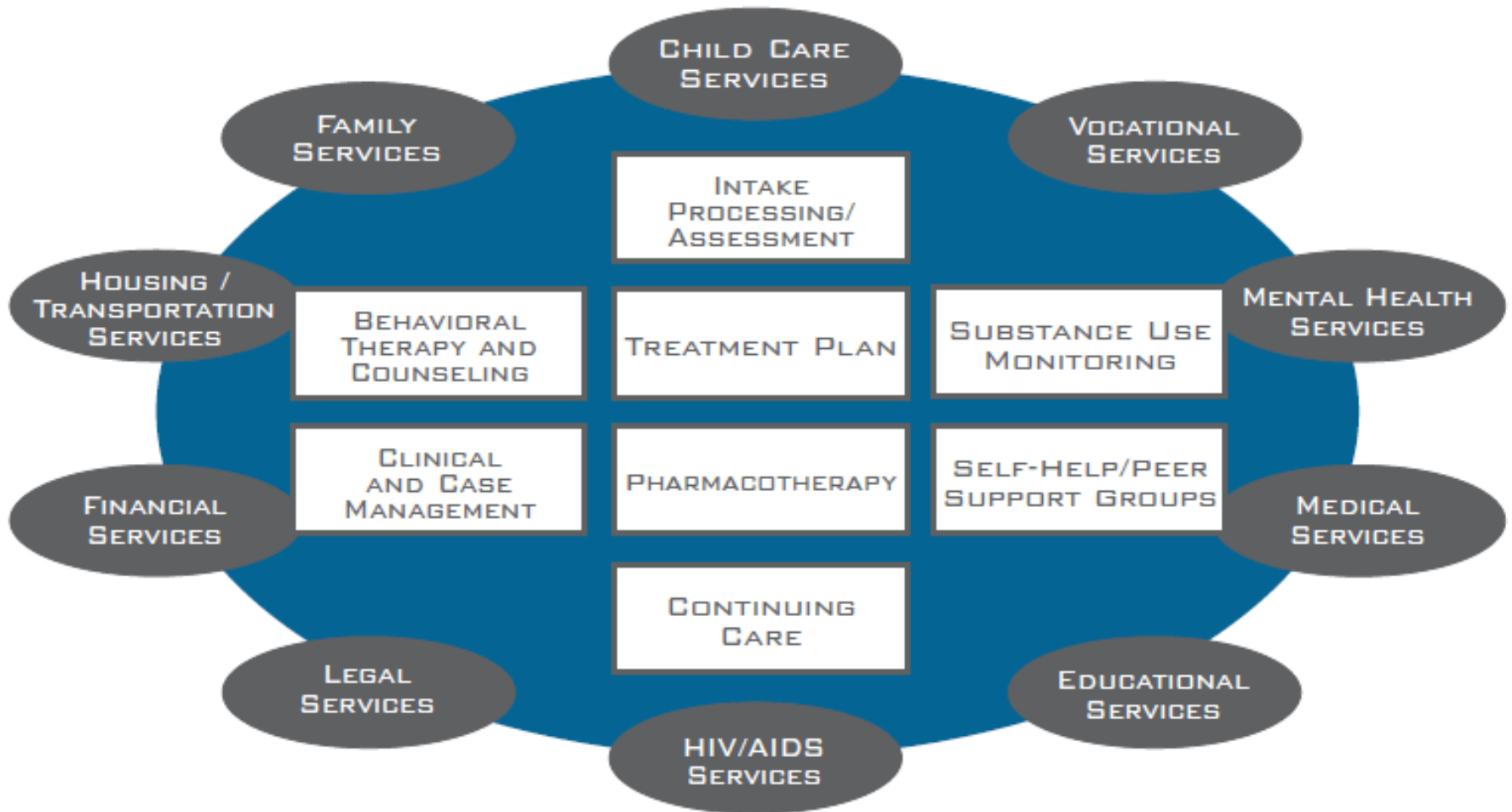
After Disclosure:

- Client's may be hypersensitive after disclosure, may need reassurance that counselor does not hold them responsible for abuse or think of client differently
- Client's who suffered severe or recent abuse may need reassurance that they are safe
- Some clients may require inpatient or intensive outpatient programs initially to deal with overwhelming feelings of rage, anxiety, depression, shame, or suicidality

Triggers – often catalyze use

- Discuss coping strategies
 - Deep breathing, relaxation, physical exercise, talking about feelings, grounding exercise
 - Help them plan ahead for situations that may trigger a trauma related reaction
 - See what strategies are more effective for client
- Help identify ways to promote feelings of control in trigger situations

Components of Comprehensive Drug Abuse Treatment



The best treatment programs provide a combination of therapies and other services to meet the needs of the individual patient.

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