

Substance Use Disorders, Personality Disorders and Trauma



An Understanding of Complex Issues in
Treating Substance Use and Trauma

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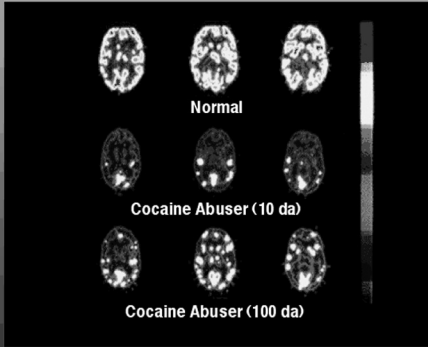
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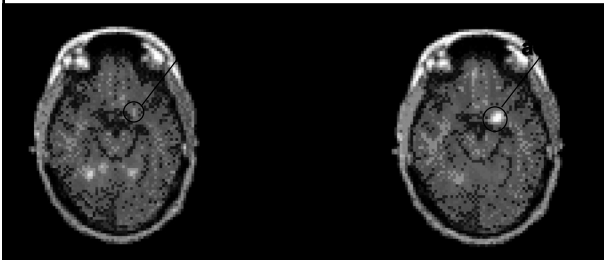
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Your Brain After Drugs



2

The Memory of Drugs



Nature Video

Cocaine Video

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3

NEUROTRANSMITTERS

- **NOREPINEPHRINE**- STIMULANT, ANGER, FEAR, ANXIETY, FIGHT, FLIGHT - COCAINE, METH, RITALIN, ADDERALL
- **SEROTONIN** – DEPRESSANT, SLEEP, CALM PLEASURE- THC, ETOH, SSRIS
- **GABA** – RELAXANT, STRESS REDUCTION, SEIZURE THRESHOLD – BENZOS, ETOH, BARBITURATES, ATAVAN, VALIUM
- **ENDORPHINS** – PAIN RELIEF, PLEASURE – OPIOIDS, ETOH, HYDROCODONE
- **ACETYLCHOLINE**- INVOLUNTARY ACTIONS, MEMORY MOTIVATION – NICOTINE, METH, THC
- **ANANDAMIDE**-MEMORY, NEW LEARNING, CALMNESS- THC, ETOH, Benzes
- **GLUTAMATE**- ORGANIZATION OF BRAIN SIGNALING, MEMORY, PAIN - ETOH, METH, OPIATES,
- **DOPAMINE** – PERCEPTION, MOVEMENT, PLEASURE – METH, COCAINE , ETOH, ALL DRUGS, EATING, GAMBLING

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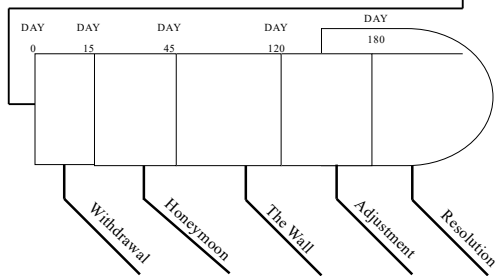
Neurotransmitters

- **Norepinephrine**- low energy, decreased attention and concentration, poor cognitive functioning. New research indicates that SNRI's maybe more effective than SSRi's as it works on both neurotransmitters.
- **Serotonin** – regulates mood. When functioning well you feel focused, emotionally stable, calm low levels are associated with depression
- **GABA** – in addition to anxiety lack of GABA may play a role in schizophrenia and autism.
- **Endorphins**- release stress, body's natural painkillers, provide feeling of wellbeing.
- **Acetylcholine** – in addition to schizophrenia also dementia, other cognitive functions
- **Anandamide**- modulates emotional response to stress, some research indicates use of cannabis may impact stress responses
- **Glutamate**- also related to high levels cause MS, Parkinsons, stroke and chronic fatigue
- **Dopamine** – Happy neurotransmitter, substance use impacts dopamine in significant ways. Eating foods with L-tyrosine, turkey, bananas, turmeric, vitamin D, pumpkin help increase dopamine

5

STAGES OF RECOVERY

OVERVIEW



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Setting Lives Through Recovery

6

Stages of Recovery
WITHDRAWAL STAGE

DAY 0 DAY 15

**PROBLEMS
ENCOUNTERED**

- Medical Problems
- Alcohol Withdrawal
- Depression
- Difficulty Concentrating
- Severe Cravings

- Contact with Stimuli
- Excessive Sleep

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Recovery Starts Through Recovery

7

Stages of Recovery
HONEYMOON STAGE

DAY 15 DAY 45

**PROBLEMS
ENCOUNTERED**

- Over-involvement With Work
- Overconfidence
- Inability to Initiate Change

- Inability to Prioritize
- Alcohol Use
- Episodic Cravings
- Treatment Termination

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8

Stages of Recovery
THE WALL

DAY 45 DAY 120

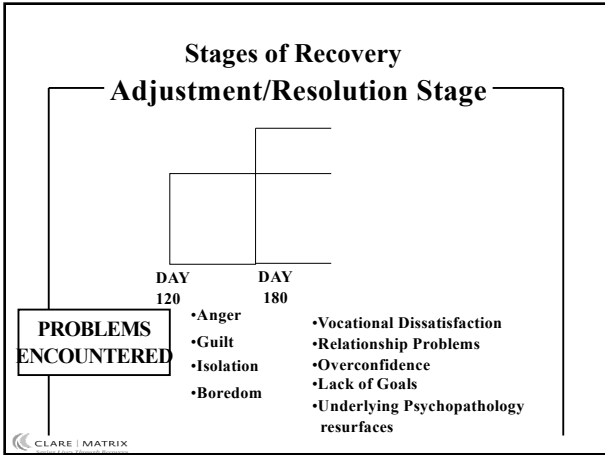
**PROBLEMS
ENCOUNTERED**

- Inertia
- Depression
- Return to Addictive Behavior
- Relapse Justification
- Cognitive Rehearsal
- Treatment Termination

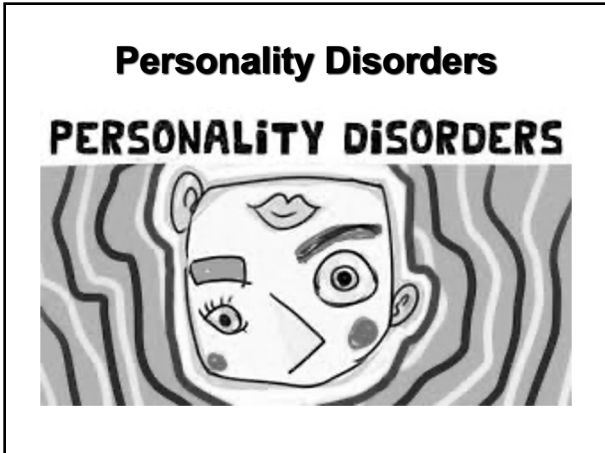
- Alcohol Use
- Relapse

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9




10



11

What is a Personality Disorder?



- According to the American Psychiatric Association (APA) OLD DEFINITION, a personality disorder exists when an individual's "personality traits are **inflexible** and **maladaptive** and cause either **significant impairment in social or occupational functioning** or **subjective distress**."

12

What causes Personality Disorders?

- There are various theories, but the leading ones hold that normal, healthy childhood development gets interrupted in some significant manner;
- One type of scenario in which this occurs is that of abuse, trauma or neglect – including severe emotional, physical, or sexual abuse.
- One re-framed perspective is that a personality disorder is like a "badge of courage" because it indicates that someone has **survived** much hurt.

13

Personality Disorders

- A personality disorder is an enduring pattern of inner experience and behavior that deviates markedly from the expectations of the individuals culture, is pervasive and inflexible, has an onset in adolescence or early adulthood is stable over time and leads to distress or impairment.



14

DSM-V Alternatives for Personality Disorder

Criteria for Personality Disorder

- Moderate or greater impairment in personality functioning
- One or more pathological personality traits:
- The impairments in personality functioning and persons personality are relatively inflexible and pervasive across a broad range or personal and social situations
- The impairments are relatively stable over time with onsets that can be traced back to adolescence
- The impairments are not better explained by another mental disorder
- The traits are not solely attributable to the physiological effects of a substance or other medical condition
- Are not understood as normal developmental stage or sociocultural environment.

15

Personality disorders

Personality is formed and exists in **interaction** between **hereditary factors** and large **psychosocial** contact

Hereditary factors seem to be basic to establish the type of personality

Various influences in genetic experience can modify it.



16

Reframing the “problem” of Personality Disorders

- One way to understand personality disorders is that the person coped in the best way they knew how, in response to difficult circumstances, and at that past time (typically during childhood), it helped them to survive. (i.e., ADAPTIVE)



17

Reframing of Personality Disorders

- However, those old coping mechanisms tend not to work very well in adulthood, and have become ineffective, or MALADAPTIVE.



18

Personality Disorders

- A pervasive pattern of unstable interpersonal relationships, self-image, and affects and marked impulsivity in early adulthood and present in 5 or more of the following:
 - Frantic efforts to avoid real or imagined abandonment
 - Unstable and intense interpersonal relationships alternating between extremes of idealization and devaluation" My best friends are now my enemies"
 - Identity disturbance, unstable persistently unstable self-image or sense of self, "I don't know who I am"

19

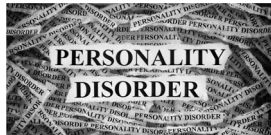
Personality Disorders

- Impulsivity in at least 2 areas that are self damaging spending, sex, substance use, reckless driving, binge eating
- Recurrent suicidal behavior, gestures, self-mutilating
- Affective instability due to marked mood reactivity, intense episodes of dysphoria, irritability, anxiety usually lasting several hours. Don't confuse with Bi-Polar!
- Chronic feelings of emptiness
- Inappropriate intense anger, controlling temper, frequent temper displays, constant anger, physical fights
- Stress related paranoid ideation or severe dissociative symptoms.

20

Personality Disorders

- Personality disorders take time to treat and will take longer period to resolve symptoms
- Improvements can be modest
- Anticipate setbacks and disappointments for clients and clinicians
- Avoid setting up unrealistic expectations
- Allow client to practice coping skills
- Developing coping skills can be gentle reminders of improvements



21

Antisocial Personality Disorder

- *"A pattern of disregard for, and violation of, the rights of others"*
- *Over 30% prevalence in substance abuse treatment settings; most common with male alcohol user"*



22

Anti-Social Personality

- Antisocial personality disorder is a mental health condition in which a person has a long-term pattern of manipulating, exploiting, or violating the rights of others. This behavior is often criminal.



23

Anti-Social Personality

- A person with antisocial personality disorder may:
- Be able to act witty and charming
- Be good at flattery and manipulating other people's emotions
- Break the law repeatedly
- Disregard the safety of self and others
- Have problems with substance abuse
- Lie, steal, and fight often
- Not show guilt or remorse
- Often be angry or arrogant



24

DSM-V Anti-Social

- One or more of the following:
- **Identity-** Egocentrism, self esteem derived from personal gain, power or pleasure
- **Self-Direction-** Goal setting based on personal gratification, absence of prosocial internal standards, failure to conform to lawful normal ethical behavior.
- **Empathy-** Lack of concern for feelings, needs of suffering of others, lack of remorse after hurting others
- **Intimacy-** Incapacity for mutually intimate relationships, as exploitation is a means of dominance or control of others



25

DSM-V Anti-Social

- **Six or more of following:**
- **1. Manipulativeness-** Frequent use of subterfuge to influence or control others by use of charm, glibness, or seduction to achieve ends.
- **2. Callousness-** Lack of concern for feelings or problems of others, lack or guilt or remorse about the harmful effects of actions on others
- **3. Deceitfulness-** Dishonesty embellishment or fabrication when relating events
- **4. Hostility-** Angry feelings or irritability in response to minor slights with mean vengeful behavior
- **5. Risk Taking-** Engagement in dangerous risky self damaging activities. Lack of concern for limitations or personal danger
- **6. Impulsivity-** Acting on spur of moment without a plan or basis
- **7. Irresponsibility-** Disregard for financial or other obligations

26

Anti-Social Personality

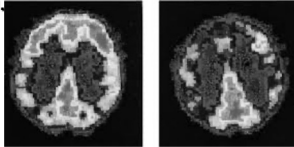
- There is no single cause of ASPD, but the following factors may increase a person's risk of developing the disorder:
- **Biology:** People with ASPD may have unusual levels of serotonin. Serotonin is a chemical in the brain that regulates our mood and feelings of happiness.
- **Environment:** Trauma or abuse early in childhood increases the risk of developing ASPD later in life.
- **Genetics:** There may be some genetics factors that can predispose some individuals to develop ASPD. However, there is no one genetic factor that is thought to be responsible for the condition.
- **Lifestyle:** *About half of people with ASPD also have problems with drug or alcohol abuse.*



27

Neuroscience of Addiction and Neurocriminology

- Research indicates that individuals with anti-social personality disorder often lack full development of the pre-frontal cortex.
- Substance use may causes brain chemistry changes in pre-frontal cortex and limbic areas of the brain.



28

Narcissistic Personality Disorder (<1%)

- *"a pattern of grandiosity, need for admiration, and lack of empathy"*

People with this disorder?



29

Borderline Personality Disorder

- *"a pattern of instability in interpersonal relationships, self-image"*
- *30-60% of persons diagnosed with personality disorders end up with this diagnosis*



30

Common Characteristics of Borderline Personality Disorders

- Pattern of problematic relationships
- Tendency to blame difficulties on others, or on "bad luck"
- A lack of personal responsibility
- Impaired ability to learn from previous experience
- High addiction potential



31

DSM-V Borderline Personality

- Instability of self image, personal goals, and interpersonal relationships accompanied by impulsivity risk taking, and hostility. Poor identity, self direction empathy, and meet 2 or more of following:
 1. Identity- Poorly developed or unstable self-image often associated with self-criticism, feeling of emptiness and disassociative states when stressed
 2. Self-Direction- Instability in goals, values, career plans
 3. Empathy- Compromised ability to recognize the feelings and needs of others
 4. Intimacy- Intense unstable and conflicted relationships, marked by distrust, neediness, imagined abandonment, devaluation between over involvement and withdrawal

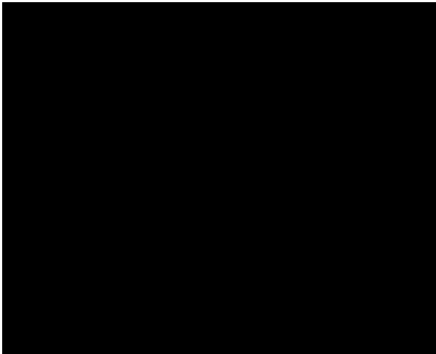
32

DSM-V Borderline Personality

- Four or more of seven pathological traits from below:
1. Emotional Lability- Unstable emotional experiences, frequent mood changes, emotions easily aroused out of proportion response to events
 2. Anxiousness – Intense feelings of nervousness or panic, often in reaction to personal stresses worry about negative effects and unpleasant experiences
 3. Separation insecurity- Fears of rejection by significant others associated with fears of excessive dependency and complete loss of autonomy.
 4. Depressivity- Frequent feelings of being down, miserable, hopeless inferior self-worth, thoughts of suicide
 5. Impulsivity- Acting on spur of moment, self-harming behavior
 6. Risk taking- Engagement in risky behavior, lack of concern for limitations
 7. Hostility- Frequent angry feelings, anger in response to insults



33

BPD



34

Goods News / “Bad” News


- Unlike many other disorders that are chronic or ongoing, personality disorders are **resolvable / “curable”** 
- The process of resolving a personality disorder usually involves **hard work** over an **extended period of time** 

35

Problems with Diagnosis

- They present their perspectives
- Reality is skewed
- Portray others as the problem
- People close to them have disengaged so verification of issues is not available
- Inability to see their part with behaviors

PERSONALITY DISORDERS



36

Summary of what works and clinical implications

- Modified rather than 'pure' psychotherapeutic treatments for BPD are most extensively researched
- Evidence from randomized trials that structured treatments employing DBT, CBT, efficacy over routine care
- Since clinicians working in this area are clear about the importance of offering structure for these patients, disaggregation of structure from orientation is clearly not an option.
- Structure, boundaries and contracts with this populations is a must.



37

New Treatments

- Medicines affecting glutamate, rather than the usual neurotransmitters, are being studied to treat Borderline Personality Disorder (BPD).
- Preliminary studies on substances that impact glutamate include N-acetylcysteine (for the treatment of respiratory diseases and Tylenol overdose), dextromethorphan (cough suppressant), riluzole (Rilutek® for the treatment of amyotrophic lateral sclerosis). These showed some promise in treating self-harming behavior or mood

38

New Treatment

- Another recent avenue of research has investigated oxytocin. This hormone facilitates uterine contractions during childbirth and milk production for nursing. Oxytocin, sometimes referred to as the "love hormone," is thought to increase maternal bonding to the newborn and general social interactions including empathy and warm feelings for others. Past studies have suggested that women with BPD have lower levels of oxytocin.
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39

Personality Disorders and SUD

- Pattern of problematic relationships



- *In active addiction, a person's primary relationship is with their substance of choice – all other relationships come second to that one.*

40

Personality Disorders and SUD

- Tendency to blame difficulties on others, or on "bad luck"



- *Working through the symptom of "denial," or working from a state of "precontemplation" to an "action" stage of change is one key to recovery success*

41

Personality Disorders and SUD

- A lack of personal responsibility



- *Owning personal responsibility for actively participating in one's own recovery is another key to recovery success*

42

Personality Disorders and SUD

▪ *“Doing the same thing over and over again, and expecting a different result” description of addictive “insanity”*



▪ Impaired ability to learn from previous experience

43

Personality Disorders

- Motivational Interviewing skills and skillful listening can help manage symptoms
- Individual sessions can address past trauma but utilize Stages of Recovery in implementation
- Coping skills, and self-esteem groups are beneficial
- Set very direct boundaries and possible behavioral contracts

44

Personality Disorders

- Clients with personality disorders often get worse when they first abstain from drugs or alcohol and should be anticipated
- Mixing drugs and alcohol is common behavior.
- Utilize structure
- Never get into battles with these clients
- Confrontation will make symptoms worse

45

DBT

- DBT is a cognitive behavioral therapy developed by Marsha Linehan as a treatment for suicidal women with borderline personality disorders.
- Dialectical means to balance and compare 2 things that appear very different or even contradictory. DBT is the balance between change and acceptance.
- DBT considers those behaviors as maladaptive problem solving.
- DBT is a framework for addressing complicated behaviors as a result of these maladaptive behaviors. ⁴⁶

46

“What is DBT?” The Details

- **Dialectical Behavior Therapy** is a type of treatment that focuses on skill-building in the following areas:
 - Mindfulness
 - Interpersonal Effectiveness
 - Emotion Regulation
 - Distress Tolerance

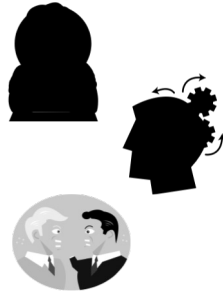


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47

Dialectical Behavior Therapy treatment leads to changes in . . .


- Ways of *thinking*
- Ways of managing *emotions*
- Ways of *relating* to others
- Ways of *dealing with distress*



48


48

Trauma & SUD



49

Trauma




50

What is Trauma?

Trauma is the physical and emotional reaction to an event that is:

- Life threatening, or
- Seriously jeopardizes the physical, emotional or spiritual well-being of that person or someone close to them, and
- The person experiences intense fear, helplessness or horror.



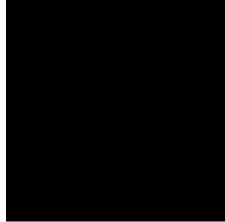
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What is a Trigger?

This

A conditioned response that happens automatically when faced with a stimuli associated with traumatic experiences

Not This



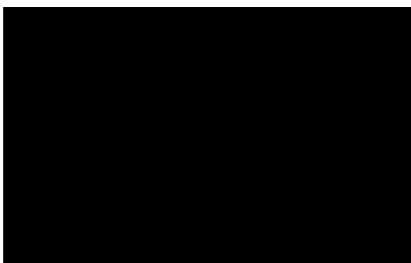
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Common Triggers

- Reminders of past events
- Lack of power/control
- Separation or loss
- Transitions and routine/schedule disruption
- Feelings of vulnerability and rejection
- Feeling threatened or attacked
- Sensory overload

53

Trauma, PD & SUD



54

PTSD

- Trauma unfortunately is a common phenomenon in life
- In most settings, the majority of people exposed to traumatic events do not develop PTSD
- Exposure to trauma in itself is not sufficient to diagnose PTSD
- In the immediate aftermath of a trauma people may exhibit some symptoms but PTSD can only be diagnosed if symptoms persist more than 30 days.
- In some cases however, PTSD symptoms don't emerge until months or even years after the trauma

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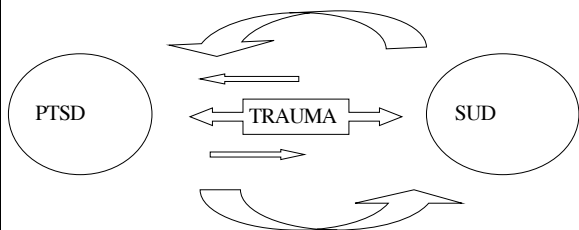
Neurobiological Changes in Response to Traumatic Stress

- Limbic System – Hippocampus and Amygdala (Affect and Memory, judgement, prioritizing information)
- Neurotransmitters and Peptides (Numbing and Depression)
- Changes in Hormonal System (HPA axis) (Arousal, Desire)



56

Pathways Between Trauma-related Disorders and Substance Use



57

Pandora



The first woman, created by Hephaestus (God of Fire), endowed by the gods with all the graces and treacherously presented with a box in which were confined all the evils that could trouble mankind. As the gods had anticipated, Pandora opened the box, allowing the evils to escape.

58

PTSD

- **Screening:**
 - Have you ever had any experience that was too frightening, horrible or upsetting that:
 - Had nightmares about it, thought about it when you did not want to?
 - Tried hard not to think about it or went out of your way to avoid situations that reminded you of it.
 - Were constantly on guard, watchful or easily startled
 - Fell numb or detached from others, activities or your surroundings?

59


Importance of Trauma Assessment

- Trauma assessment typically involves conducting a comprehensive trauma history
 - Identify all forms of traumatic events experienced directly or witnessed by the consumer/client, to inform the choice of intervention
- Supplement trauma history with trauma-specific standardized clinical measures to assist in identifying the type and severity of symptoms the individual is experiencing

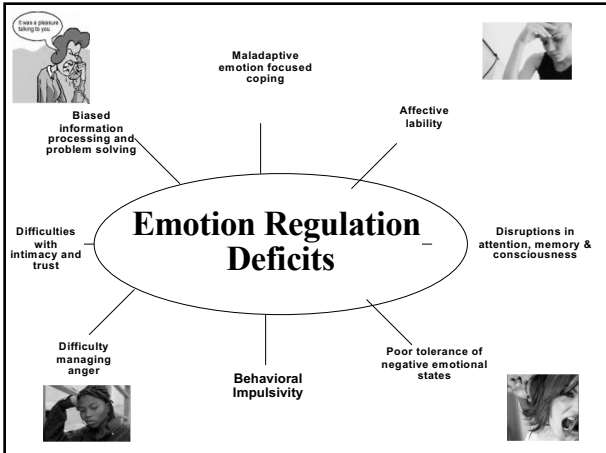
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Risk Factors for developing PTSD

- The severity, type and duration of the traumatic event.
- Repeated exposure to stress and/or multiple traumatic events.
- Lack of adequate and competent support for the person after being exposed to a traumatic event.
- A predisposing mental health condition.



61



62

Considerations in Care

- If you talk to trauma victims, they don't want to go into noisy places because the low-frequency sounds scare them or make them feel uncomfortable.
- Here's the important clinical information: when you deal with trauma victims and they start describing hypersensitivities to sounds and feeling vibrations that no one else seems to feel not wanting to go into crowded places they're telling you that their nervous system is
- tuned to detect a predator

63

Considerations in Care

- Individuals with trauma often have impacts with neuroception. It functions like the TSA. Normally scans for certain characteristics that could be dangerous. Often with trauma these individuals just rule out everyone as being dangerous.
- They often stay in a defensive state.

64

Considerations in Care

- Tone and voice are important with trauma. If you speak quickly and in a monotone voice it can often cause anxiety for those in care.
- Slow down speech and change your tone on occasion or at certain intervals.

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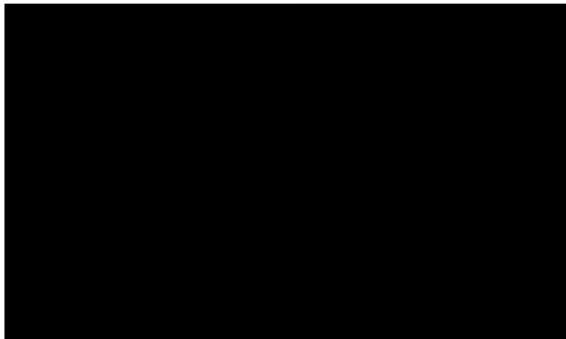
Considerations in Care

- Individual need to feel hope and normalization is helpful.
- Letting them know that given their circumstances what they are feeling is normal and it will get better.



66

Impact of Trauma on the Brain



67

Trauma Informed Care

- "A program, organization, or system that is trauma-informed:
- *Realizes* the widespread impact of trauma and understands potential paths for recovery;
- *Recognizes* the signs and symptoms of trauma in clients, families, staff, and others involved with the system;
- *Responds* by fully integrating knowledge about trauma into policies, procedures, and practices; and
- *Seeks to actively resist re-traumatization.*"

68

Recommendations for Integrated Treatment For Trauma and Substance Abuse

- Cross training in mental health *and* substance abuse
- Utilize screening and assessment tools that identify needs in both areas
- Provide more intense treatment options to address the magnitude of difficulties often experienced by this population
- Emphasize management and reduction of both substance use and PTSD symptoms early in the recovery process
- Be aware that reducing substance use may initially *increase* PTSD symptoms
- Addressing trauma at wrong time can increase SU.
- Provide relapse prevention efforts, targeting both substance and trauma-related cues, early in treatment

69

Trauma Informed Care

- A trauma-informed approach reflects adherence to six key principles rather than a prescribed set of practices or procedures. These principles may be generalizable across multiple types of settings, although terminology and application may be setting- or sector-specific:
- Safety
- Trustworthiness and Transparency
- Peer support
- Collaboration and mutuality
- Empowerment, voice and choice
- Cultural, Historical, and Gender Issues

70

Post Incarceration Syndrome

- What is post incarceration syndrome?
- Post-incarceration syndrome (PICS) is a psychiatric disorder that affects individuals who have been incarcerated and then are released back into society. It is characterized by a range of psychological, emotional, and social difficulties that can arise as a result of being imprisoned.
- These difficulties can include depression, anxiety, post-traumatic stress disorder (PTSD), difficulty adjusting to life outside of prison, and difficulty forming and maintaining relationships.
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71

Causes of PICS

1. **Trauma:** Incarceration can be a traumatic experience, and individuals who have been imprisoned may be at risk for developing post-traumatic stress disorder (PTSD). PTSD can cause a range of psychological and emotional symptoms, including anxiety, depression, and difficulty adjusting to life outside of prison.
2. **Loss of social support:** Incarceration may lead to a loss of social support, as individuals lose contact with friends and family members during their imprisonment. This leads to social isolation and difficulty forming or maintaining relationships.
3. **Loss of skills and knowledge:** Incarceration disrupts an individual's education and employment, potentially leading to a loss of skills and knowledge. This makes it more difficult for previously incarcerated individuals to find or maintain employment.
4. **Stigma:** Incarceration is stigmatized in society, which make sit difficult for individuals with a criminal record to find employment and housing or to form new relationships. This haunting stigma contributes to a myriad of deleterious mental states, isolation, and shame.
5. **Lack of resources:** Individuals face barriers to accessing resources such as housing, employment, education, and healthcare. These barriers make it more difficult for individuals to successfully reenter society.

72

Signs

- Post incarceration syndrome can be a widely varied disorder that manifests itself in numerous ways. Some commonly accepted signs of PICS may include:
1. **Depression:** People with post incarceration syndrome can experience feelings of sadness, hopelessness, and a lack of interest in activities that they previously enjoyed.
 2. **Anxiety:** Individuals suffering from PICS may experience feelings of worry, nervousness, and fear that are not proportionate to the situation.
 3. **Post-traumatic stress disorder (PTSD):** Experiencing symptoms of PTSD such as flashbacks, nightmares, and avoidance of triggers related to their incarceration is commonly noted with for previously incarcerated individuals.
 4. **Difficulty adjusting to life:** Reentry can be difficult, and persons with PICS may struggle to adapt to the demands and expectations of life outside of prison, including finding and maintaining employment, establishing and maintaining relationships, and navigating the criminal justice system.
 5. **Social isolation:** Individuals with PICS may have difficulty forming and maintaining relationships, which can lead to social isolation.

73

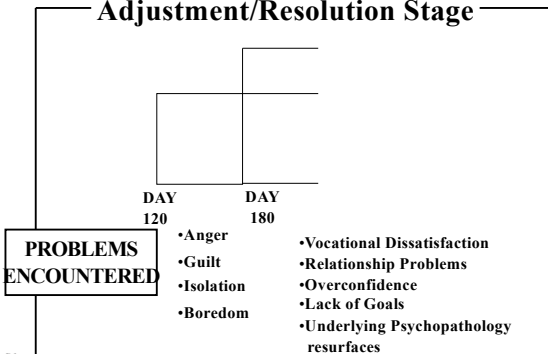
PICS

- There are several strategies that can be used to mitigate the effects of post-incarceration syndrome (PICS). These strategies may include:
1. **Providing access to mental health treatment:** Individuals with PICS may benefit from mental health treatment such as therapy and medication. Treatment can help individuals manage their symptoms and improve their overall well-being.
 2. **Providing support and resources during the transition back into society:** This can include helping individuals find housing, employment, and connecting them with social and support services.
 3. **Providing education and job training:** This can help individuals acquire the skills and knowledge they need to succeed in the workforce and become more self-sufficient.
 4. **Providing peer support and mentorship:** Connecting individuals with others who have successfully navigated the challenges of re-entry can be very helpful.
 5. **Reducing the stigma surrounding incarceration:** It can be difficult for individuals with a criminal record to overcome the negative stigma associated with incarceration. Reducing this stigma can help individuals feel more accepted and supported as they reenter society.

74

Stages of Recovery

Adjustment/Resolution Stage



75

Thank You!



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