HINDSIGHT CONSULTING GROUP

Trauma, Addiction, and Survival: Deciphering the Matrix of Complex Coping

Presentation for D-SAHM's Winter Conference by

Laura Hinds MSW, LCSW

LEARNING OBJECTIVES

- To support the identification and deciphering of survival behavior and expressed needs of clients living with addiction issues.
- To foster reflection on how providers misread survival behavior and vulnerabilities in their clients due to their own internal biases, values, and lived experience.
- To increase the level of Trauma Responsiveness when engaging with individuals managing their addictions

BEHAVIOR:

- Behavior is often what we do when we do not have the words, bravery, or agency to say what we need, feel, or fear.

- Behavior can empower us, protect us, and for some, hold us hostage.

For those with significant trauma histories, behavior is shaped, reinforced, and prioritized by their need for safety.

SURVIVAL BEHAVIOR:

- The behavior associated with our Central Nervous System's Sympathetic Nervous System's response to danger
- Often termed "Fight, Flight, Freeze, and Appease"
- Is triggered by the amygdala's alert to our "Primitive Brain" (Mid-brain and Brain stem).
- These behaviors are often seen as "immature", "irrational" and "problematic" by those who do not perceive the situation or catalyst as being dire or life-threatening
- When survival behavior is used where true danger exists- it is extremely effective
- If it is triggered in a situation where the danger is internal vs external, it can cause problems for the person perceiving danger.

WHAT IF . . .

What if the challenging behavior we saw in clients that leads us to judge, condemn, avoid, or punish them could be the very keys to their sobriety?

I believe strongly that they are . . .

BUT FIRST, . . .

We must adjust how we view and “listen” to those behaviors

RATHER THAN,

- Personalize the behavior
  - Results in Counter transference
  - Causes escalation and misinterpretation
- De-value the client
- Condemn the behavior
- Be put off by the behavior

What if we saw it as an opportunity to better understand our clients and their needs?

WHAT IF, INSTEAD . . .

- We remained “Calm and Curious”
  - Tried to understand its origin, indication, and request of us

- Celebrated the behavior as an act of agency

How much more could we understand one’s addiction?

How much more helpful could we be in their health and sobriety?

TRIGGERS

Triggers are sensory experiences that conflate the present with an emotionally dangerous situation from the past.

Triggers may result in both visceral and emotional reactions that can be problematic, as well as in survival behavior- which is often irrational and unhelpful

(Perry et al, 1995; Shonkoff et al, 2012).

TRIGGERS ARE LINKED TO SUBSTANCE MISUSE

- For many, drugs are a coping mechanism (Zarse, et al., 2019; Moustafa, et al., 2021)
- Being triggered conflates our present reality with our historical trauma- calling on our historic Survival Behavior

- A Trauma Informed Response to a person's triggered behavior may interrupt a perceived sense of danger that may result in using (Zarse, et al., 2019; Purkey, Patel & Philips, 2018).

EXAMPLES OF SURVIVAL BEHAVIOR:

Clients calling providers names, or being disrespectful	Clients cursing, threatening or placing a hex, or telling a provider where to go"	Clients turning on providers, accusing them of maltreatment, cruelty, etc.
Acting entitled to services that they were or were not eligible for	Clients causing challenges between providers/co-workers	Clients making allegations and accusations against staff
Clients demanding favors of staff	Clients stealing from providers or organizations	Clients threatening violence
Perpetrating actual violence	Threatening to spit on providers	Actually spitting on a provider

Goals of Survival Behavior

Have you ever been called out of your name?	Have been cursed- an actual hex or told "where to go" ?	Had a patient turn on you?
Acted entitled to services that they were or were not eligible for?	Had your patient pit you against a co-worker?	Had your patient lie on you to your boss?
Had a patient demand a favor of you?	Had a patient steal from you?	Threatened to fight you (aka BYA)?
Taken a swing at you?	Threatened to put their bodily fluids on you?	Actually put their bodily fluids ON you (spitting etc.)?

Exerting Power	Demanding Respect and Regard	Testing Limits of your Acceptance
Maintaining Pride in spite of circumstances The True "Hustle"	Exercising some level of "control" and importance	Striving to hurt you "where you live"= returning the favor
Testing Loyalty & Boundaries The Hustle Making Ends Meet	The Survival Hustle Leveling the Playing Field Relationship Sabotage	Exerting Power Saving Face
Triggered reaction Defending themselves	Controlling the situation Leveling the playing field	Triggered Reaction Acting Out

POLL QUESTION NUMBER 1

True or False:

- I understand more clearly the link between Trauma and how addiction and Survival Behavior are coping mechanisms:

WHAT HAMPERS OUR TRAUMA INFORMED RESPONSES . . .

- Our own biases and expectations of those engaged with substance misuse (Atkins, Doop, and Temaner, 2020: Cockroft, et al., 2020).
- Centering ourselves in our clients' experiences, reactions, and survival behavior
- Our decontextualization of clients' experiences (Khun, 2018; Cockroft, et al., 2020)
- Unrealistic expectations
- Lack of education re: the process of rehabilitation
- Our devaluation of clients' agency and learned responses to historic and present emotional and physical threats

REMAINING CALM AND CURIOUS . . .

- By remaining calm and curious we can support clients in navigating their triggers, calming their Central Nervous Systems, and engaging healthy coping skills vs the self-harming ones.
- But to do this, we must recognize the signs and symptoms of emotional dysregulation
- And learn how to respond is a way that mitigates the sense of threat

POLL QUESTION NUMBER 2

True or False:

- Understanding the role addiction plays in my client's coping can better support me in caring for this person . . .

TRAUMA INFORMED RESPONSES IN THE CONTEXT OF SUBSTANCE MISUSE

- Emphasizing current safety vs historic danger
- Relying on strengths-based approaches
- Engaging in co-regulation techniques
- Present warmth and compassion (Trzeciak & Mazzarelli, 2019).
- Demonstrate caring and investment in clients' sense of fear and well-being

POLL QUESTION NUMBER 3

True or False:

- Behavior is often additional data that can inform my intervention and strategy for care for a client with substance misuse issues . . .

AS PROMISED- CITATION FOR JEFFERSON HOSPITAL STUDY:

The referenced article:

Rosenthal E, **Short V**, **Abatemarco D, Hand D**. Race and methadone dose at delivery in pregnant patients with opioid use disorder. *Journal of Substance Abuse Treatment*. 2021.

- What was discovered is that Black and Brown moms were often under-dosed, or not offered MAT treatment at the same rate as white moms.

Additional interesting article linking trauma and substance misuse from Jefferson (additional resources in the Reference Section):

Gannon M, **Short V**, LaNoue M, **Abatemarco D.** Prevalence and Characterization of Adverse Childhood Experience Exposure in Pregnant and Parenting Women with Opioid Use Disorder. *Journal Community Mental Health*, 2020 Jun 16. PMID: 32556861

CLOSING CONSIDERATIONS

- Remember, your clients are vulnerable (despite their presentation and survival behavior)
- Triggers and trauma reactions can lead to more substance misuse
- Our clients are communicating with us with their behavior
- By remaining Calm and Curious, you may be more successful in supporting their quest for sobriety
- By increasing your Trauma Informed Responses, you can have a larger and more positive impact on our clients' efforts in sobriety.

Thank you for your interest!

REFERENCES

- Atkins, J., Dopp, A. L., & Temaner, E. B. (2020). Combatting the Stigma of Addiction—The Need for a Comprehensive Health System Approach. NAM Perspectives.
- Cockroft, J. D., Adams, S. M., Bonnet, K., Matlock, D., McMillan, J., & Schlundt, D. (2019). “A scarlet letter”: Stigma and other factors affecting trust in the health care system for women seeking substance abuse treatment in a community setting. Substance Abuse.
- Eisen, M. L., Quas, J. A., & Goodman, G. S. (Eds.). (2001). *Memory and suggestibility in the forensic interview*. Routledge.
- Kuhn, C. (2018). Client Perspectives on Healing from Trauma and Addiction-A Pilot Study.
- Ibitoye, A. O., & NWOSU, C. (2021). A MACHINE LEARNING MODEL FOR SOBRIETY AND RELAPSE ANALYSIS IN DRUG REHABILITATION. IJISCS (International Journal of Information System and Computer Science), 5(2), 93-99.
- Perry, B. D., Pollard, R. A., Blakley, T. L., Baker, W. L., & Vigilante, D. (1995). Childhood trauma, the neurobiology of adaptation, and use dependent development of the brain: How states become traits. *Infant mental health journal*, *16*(4), 271-291.

REFERENCES CONTINUED

- Purkey, E., Patel, R., & Phillips, S. P. (2018). Trauma-informed care: better care for everyone. Canadian Family Physician, 64(3), 170-172.
- Shonkoff, J. P., Garner, A. S., Siegel, B. S., Dobbins, M. I., Earls, M. F., McGuinn, L., ... & Wood, D. L. (2012). The lifelong effects of early childhood adversity and toxic stress. *Pediatrics*, *129*(1), e232-e246.
- Trzeciak, & Mazzarelli, A. (2019). Compassionomics: *The Revolutionary scientific evidence that caring makes a difference. Studer Group, Pensacola, FL.*
- Zarse, E. M., Neff, M. R., Yoder, R., Hulvershorn, L., Chambers, J. E., & Chambers, R. A. (2019). The adverse childhood experiences questionnaire: Two decades of research on childhood trauma as a primary cause of adult mental illness, addiction, and medical diseases. Cogent Medicine, 6(1), 1581447.