

Making the Connection: Trauma and Substance Abuse

1

Fact Sheet Series for PROVIDERS treating teens with
EMOTIONAL & SUBSTANCE USE PROBLEMS

NCTSN  The National Child
Traumatic Stress Network

This toolkit offers providers assistance with delivering comprehensive assessment of and treatment for adolescents with both substance use problems and traumatic stress problems. It contains valuable information for understanding the links between substance use and traumatic stress and for adequately identifying, engaging, and treating adolescents suffering from these co-occurring problems.



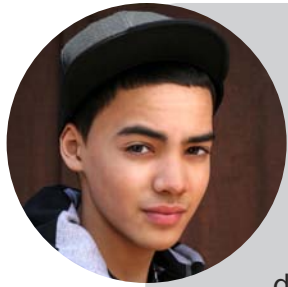
Adequate care begins with the recognition and accurate identification of the problems these adolescents experience—regardless of whether they present to a mental health professional or substance abuse specialist. Rather than referring a multiproblem teenager to another provider, clinicians willing to address co-occurring disorders can develop the skills necessary for providing such adolescents with hope of recovery.

Therapists and counselors can develop skills to provide a comprehensive and integrated treatment approach. In order to maximize an adolescent's chances of success, this approach should address the adolescent's concerns broadly and take into account the functional relationship between traumatic stress and substance abuse problems. When developing an individualized treatment plan, special attention should be given to the signs and symptoms of posttraumatic stress, substance abuse, and the relationship between the two.

This project was funded by the Substance Abuse and Mental Health Services Administration (SAMHSA), U.S. Department of Health and Human Services (HHS). The views, policies, and opinions expressed are those of the authors and do not necessarily reflect those of SAMHSA or HHS.

Providing Care for Raphael*

Adolescents with trauma and substance abuse are often challenging to treat. Consider the case of Raphael below, as told by his therapist:



Raphael was a 15-year-old boy who lived in a group home. I am a clinician in the community mental health clinic that he came to for group and individual psychotherapy. Raphael had been raised by his mother and stepfather, but the courts decided to place him in a group home after Child Protective Service involvement with his family due to his ongoing truancy, being caught several times using marijuana and selling drugs, and being deemed unmanageable by his parents.

During my initial review of Raphael's case file, I also learned of an informed suspicion of past physical and sexual abuse. Before I met Raphael face-to-face, I was warned by other staff members about his anger, his resistance to cooperate during group activities, and his generally threatening demeanor.

Raphael was very disruptive during his group therapy sessions and initially did not say much during his individual treatment sessions with me. But as I developed enough patience, openness, and willingness to explore Raphael's interest in developing spontaneous rhymes or rap-style lyrics, Raphael started to engage increasingly in treatment. The road to recovery for Raphael was not an easy one, and I knew that I needed to be better prepared to help him with his multiple areas of difficulty and his aggressive interpersonal style. Eventually, Raphael spoke during our sessions about his difficult relationship with his mother, being frequently locked in a dark closet by his stepfather, and his conflictual relationship with his younger sister. He also began to speak about his frequent, almost daily, use of marijuana and alcohol.

After learning more about his patterns of use, I began to understand how his substance use was a tool with which he numbed his feelings and which enabled him to be more dominant in social situations. Once Raphael began to actively use therapy to address his trauma and substance abuse histories, he began to work on developing better tools for coping with the intense feelings and impulses that contributed to his most pressing problems.

As you read the pages that follow, think about cases like Raphael's and consider the following questions:

- **What are the challenges involved in engaging an adolescent in treatment who has a history of both trauma and substance abuse?**
- **What are the challenges associated with being able to accurately identify histories of trauma and/or substance use among adolescents?**
- **Do you feel proficient in assessing and treating youth with the different types of problems associated with trauma and substance abuse among adolescents?**
- **How can treatment and counseling centers promote and support an increase in providers' ability to assess and treat this population?**
- **How might therapists be supported in dealing with their own reactions to the often-difficult work with traumatized and substance-abusing adolescents?**

* "Raphael's story" was created by the authors as a composite representation of stories heard from real teenage clients struggling with these issues and provides examples of the challenges that clinicians face in providing care for youth with trauma and substance abuse problems. Models portrayed are not representative of cases described.

The Co-Occurrence of Trauma and Substance Use Among Adolescents

Numerous studies have documented a strong link between trauma exposure and substance abuse in adolescents. This overlap is a result of high rates of substance abuse among youth who have experienced trauma as well as high rates of trauma or PTSD among substance-abusing youth. Multiple pathways have been identified in the connection between trauma and substance abuse including:

- Experiencing a traumatic event increases the risk of developing a substance abuse problem. Trauma—in the form of physical or sexual abuse, domestic violence, natural disasters, car accidents, traumatic loss, war, or other calamity—may lead to substance abuse and addiction. Adolescents

Below are just a few examples of studies that have documented the co-occurrence of trauma and substance abuse among adolescents:

- **In an epidemiological study, researchers found a moderate overall co-occurrence of PTSD and substance abuse, with rates ranging from 13.5% to 29.7% (Kilpatrick, Ruggiero, Acierno, Saunders, Resnick, & Best, 2003). In this sample:**
 - **29.7% of males and 24.4% of females who met diagnostic criteria for PTSD also met diagnostic criteria for either substance abuse or dependence**
 - **13.5% of males and 24.8% of females who met criteria for a substance use disorder also met diagnostic criteria for PTSD**
- **In a sample of New Zealand teens (Fergusson & Horwood, 1998), rates of substance use disorders were:**
 - **17 - 35% among teens who witnessed domestic violence**
 - **10 - 15% among those who did not witness domestic violence**
- **Another study (Funk, McDermeit, Godley, & Adams, 2003) found 71% of teenagers in treatment for substance abuse reported a history of trauma exposure.**
- **In a study (Deykin & Buke, 1997) of chemically dependent adolescents in treatment for substance abuse:**
 - **lifetime prevalence rates of PTSD: 29.6% (24.3% for males and 45.3% for females)**
 - **current prevalence rates of PTSD: 19.2% (12.2% for males and 40.0% for females)**
 - **lifetime prevalence of trauma exposure: 73% of males and 80%**
- **In a study of adolescents seeking outpatient services for marijuana abuse or dependency, 14% of adolescents presenting for treatment met criteria for PTSD (Diamond, Panichelli-Mindel, Shera, Dennis, Tims, & Ungemack, 2006).**

experiencing posttraumatic stress may drink or take drugs in an attempt to manage or self-medicate their feelings of anxiety, physiological arousal, depression, hopelessness, and/or grief. Teens may abuse substances to fit in with peers, to combat feelings of isolation, or to try to become numb when they face triggers and trauma reminders.

- Adolescents who abuse substances are more likely to experience traumatic events, presumably because they are more likely to engage in risky activities. Traumas such as physical and sexual assaults, domestic violence, accidents, and serious injuries are more common in substance-abusing teens than in their nonsubstance-abusing peers.

- Youth who are already abusing substances may be less able to cope with a traumatic event as a result of the functional impairments associated with problematic use.

Attending to the Needs of Youth

Teenagers may find that alcohol and/or drugs initially seem to alleviate distress, either through the increased pleasurable sensations or through the avoidance of intense emotions that may follow stressful experiences. In the long run, however, substance use perpetuates a cycle of problem behaviors that can make it more difficult to recover after a traumatic event. When teenagers are struggling with both substance abuse and traumatic stress, the effects and negative consequences of one compounds the problems of the other.

Although such teenagers need help, often desperately, they frequently have difficulty entering or staying involved in treatment services. Usually teenagers attend such facilities against their will—either mandated to attend treatment (i.e., by the courts), referred by teachers, or brought by their parents .

Because the service systems targeting substance abuse and mental health problems have traditionally been fragmented, few teenagers with both traumatic stress and substance abuse problems receive integrated treatment services. Compounding the problem is that there are few facilities offering integrated services, primarily because few professional training programs in substance abuse or mental health provide clinicians the education necessary to develop expertise in both trauma and substance abuse treatment; and few professionals often have training and experience across both fields.

Given the strong link between trauma and substance abuse among adolescents, however, most substance abuse and mental health professionals have encountered this population.

Addressing traumatic stress in substance abuse treatment settings

Certain commonalities exist between the ways in which youth respond to substance abuse triggers and the ways in which they respond to reminders of loss and trauma. When compiling a list of triggers that may lead to emotional dysregulation and substance use, incorporating possible reminders of previous trauma and loss can be helpful. This requires substance use providers to look beyond the circumstances of the youth's use and pay attention to his/her past distressing events and present emotional difficulties surrounding problematic coping patterns (including substance use).

Addressing substance abuse problems in mental health settings

Mental health providers are often unfamiliar with the patterns of addiction associated with substances of abuse. It is important to recognize that there are similar processes at work in emotional and behavioral dysregulation, which are expressed in multiple types of symptoms and behaviors including classic posttraumatic stress symptoms, substance abuse, and other risky behaviors.

Exploring the Myths about Providing Treatment for Youth with Trauma and Substance Abuse Problems

There are several myths associated with the treatment of adolescent trauma and substance abuse. Below are some of the myths commonly held by substance use and mental health clinicians and other healthcare administrators and providers.

Myth: Almost every adolescent who uses drugs and/or alcohol has experienced some kind of trauma. Therefore, the effects of traumatic experiences do not need to be addressed by clinicians any differently from the ways they treat other problems that such adolescents experience.

Fact: Trauma, as defined in psychological terms, involves experiencing or witnessing a situation that poses a threat to one's own or another person's life or bodily integrity—often resulting in posttraumatic stress symptoms. These symptoms can be alleviated by using specialized treatment approaches and interventions. Although not all youth who experience traumatic events develop posttraumatic stress symptoms, it is important to be prepared to attend to the multiple ways in which youth respond to distressing situations.

Myth: By assuming that adolescents use substances of abuse to cope with emotional distress, we relieve them from taking responsibility for their actions.

Fact: Being aware of this self-medication hypothesis can be extremely helpful to both clinicians and youth while they attempt to make sense of the origins and perpetuation of a youth's substance use. Given that many adolescents are reluctant to acknowledge that their substance use is a "problem," maintaining a neutral stance in trying to understand the functional relationship between emotional problems and substance use can promote a youth's ability to take responsibility for his/her actions.

Myth:

A. When dealing with an adolescent who has problems with substance abuse as well as a traumatic event history, it is imperative to: treat the substance abuse symptoms first before attempting to address trauma-related symptoms.

B. Treat the trauma-related symptoms first before attempting to treat the substance abuse symptoms.

Fact: Some adolescents with co-occurring traumatic stress and substance abuse problems are denied entry into substance abuse treatment programs until their emotional distress is sufficiently addressed; others are denied entry into mental health treatment centers until they gain sobriety. As the research suggests, symptoms associated with traumatic stress and substance abuse are strongly linked. The decision about which symptoms and behaviors to address first depends on many factors including the relative threat to a youth's safety, health, and immediate well-being that those particular symptoms and behaviors pose.

Myth: Most evidence-based assessment tools for trauma or substance abuse are too long and complicated to be implemented in real clinical practice settings.

Fact: Many of the older evidence-based assessment instruments do have a reputation for being long and complicated, as well as expensive. However, the assessment field has, over the past decade, produced many more assessment tools that are accessible and clinician-friendly in terms of both degree of complexity and length.

Myth: Manualized interventions are too rigid and simplistic to accommodate the complex needs of adolescents who have co-occurring posttraumatic stress and substance abuse problems.

Fact: Today's evidence-based interventions are often manual-guided rather than manualized. This distinction reflects a movement away from promoting scripted and inflexible session content and structure and toward adherence to a clear therapeutic model with increasingly flexible session content and structure.

Common Challenges to Care

Clinicians, administrators, and other healthcare providers in the substance abuse and mental health fields often face major challenges in providing care to youth with traumatic stress and substance abuse problems. For example, the fragmentation that has traditionally existed between mental health and substance abuse systems often limits the types of services that youth are eligible to receive. Additionally, service centers may lack the resources or support necessary to provide comprehensive services. Although it may not be possible to find solutions to many of these challenges, below are some solutions to common treatment problems.

Challenge: Lack of institutional awareness and prioritization of adolescent trauma and substance use assessment and treatment.

Suggested Solution: The materials in this toolkit can serve as resources to aid in raising institutional awareness of the need for sound substance abuse and trauma assessment and treatment. Presenting case material that highlights the relationships between trauma and substance abuse can also help raise institutional awareness.

Challenge: Clinician lack of familiarity with the common presentations of posttraumatic stress symptoms in adolescents.

Suggested Solution: Use the materials in this toolkit to help become familiar with the common presentations of posttraumatic stress symptoms in adolescents. Access more information via the National Child Traumatic Stress Network website: www.NCTSN.org.

Challenge: Time and cost associated with conducting standardized assessments and training staff to use evidence-based interventions.

Suggested Solution: To convince institutional administrators to invest the time and money required for the initial stages of such program development, present them with research on improved treatment adherence and treatment outcomes when standardized assessments and evidence-based interventions are employed. Once the program has been established and youth outcomes are improved, working with youth will be more rewarding, which may encourage administrators to seek additional funding opportunities.

Challenge: Adolescents with severe co-occurring disorders often require assistance with other practical aspects of life—such as transportation, schooling, court advocacy, health insurance—which not all institutions are equipped to provide.

Suggested Solution: Partnerships with local agencies can often go a long way towards meeting the practical needs of clients when they cannot be met by a single organization.

Challenge: Difficulty engaging adolescents with trauma and substance abuse histories, who often employ avoidant coping mechanisms, in treatment.

Suggested Solution: Use the tips in this toolkit that help engage adolescents in treatment for trauma and substance abuse histories. For clinicians, struggling to engage difficult clients: access institutional support including additional supervision

Challenge: Lack of local substance abuse and trauma training resources.

Suggested Solution: Search the Internet for substance abuse and trauma training resources that can be learned from online courses and programs. To reduce the cost of face-to-face training sessions, agencies can send a single representative to be trained, who can subsequently train his/her colleagues.