

RUTGERS

University Behavioral
Health Care

Dual Diagnosis: Trauma and Substance Use

Presenter:

Stephanie Marcello Duva, Ph.D.

Psychologist, Clinician Administrator
Behavior Research and Training Institute

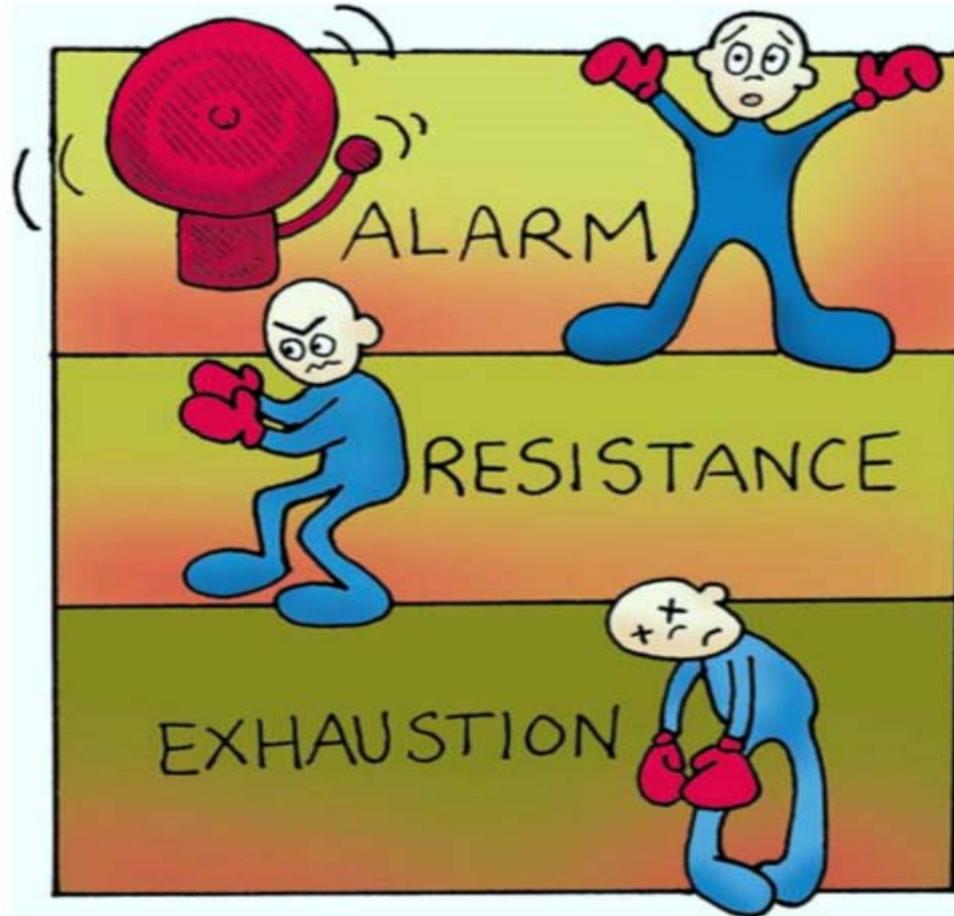
Exposing the Secret....



“He’s not here...How is he?”



“It’s not about what’s wrong with you,
it’s about what happened to you.”



Three reactions or stages of stress

How does trauma and substance abuse affect family members?

- Sympathy
- Depression
- Fear and Worry
- Avoidance
- Guilt and Shame
- Anger
- Negative Feelings
- Drug and alcohol abuse
- Sleep problems
- Health Problems



The FACTS....

Background

- People who have a mental illness are more likely to be exposed to trauma in their lifetime than people in the general population.
- Estimates of lifetime exposure to traumatic events in a person with a mental illness range from 34% to 98% (Mueser et al., 1998).
- About 50% of people with a mental illness report childhood sexual or physical abuse.

DSM-V Definition

- An exposure to actual or threatened death, serious injury or sexual violation. The exposure must result from one or more of the following scenarios, in which the individual:
 - directly experiences the traumatic event;
 - witnesses the traumatic event in person;
 - learns that the traumatic event occurred to a close family member or close friend (with the actual or threatened death being either violent or accidental); or
 - experiences first-hand repeated or extreme exposure to aversive details of the traumatic event (not through media, pictures, television or movies unless work-related).

Trauma

- Psychological trauma typically refers to exposure to an uncontrollable event which is perceived to threaten a person's survival or integrity (Herman, 1992).
- Common types of trauma
 - Sexual and physical abuse
 - Rape
 - Assault
 - Witnessing a crime
 - Combat
 - Natural disasters
 - Being threatened with bodily harm
 - Exploitation
- Negative consequences associated with exposure to trauma
 - Poorer outcomes
 - More severe psychiatric symptoms
 - Increased rates of substance abuse

Important to Remember

PTSD ≠ TRAUMA

and

TRAUMA ≠ ANYTHING bad

Posttraumatic Stress Disorder (PTSD)

- Rates of *current* PTSD in people with a mental illness, have been found to range between 29% and 43% compared to *lifetime* PTSD in the general population that range between 8% and 12% (Mueser, et al., 2001).
- Multiple psychiatric and behavioral problems are associated with trauma, but PTSD is the most common and best-defined consequence of trauma.
- Rates are higher in people with a mental illness (2% vs. 35%).

Background (continued)

- Despite the high rates of PTSD in people with a mental illness, it is under diagnosed and rarely treated.
- PTSD may be underestimated.
- The validity of people's accounts of traumatic events has been controversial and even greater concern exists for people with a mental illness. However, research has shown high internal and inter-rater reliability, demonstrating that people with a mental illness accounts of trauma experiences have high reliability.
- There is an urgent need for effective treatments with people who have a mental illness.

Background (continued)

- PTSD in people with a mental illness is associated with:
 - poorer outcomes, including; more severe psychiatric symptoms
 - more frequent hospitalizations
 - increased rates of substance use and depression
 - higher rates of suicidality
 - More severe cognitive impairment
 - Greater instances of restraints

(Read et al., 1998; Resnick et al., 2003)

Trauma and Substance Abuse

- Over two-thirds of people seeking treatment for substance use disorder report one or more traumatic life events (Back et al., 2000).
- Rates of witnessing serious injury or death of others and experiencing physical assault are two to three times higher in individuals who abuse substance than in the general.

Trauma and Substance Abuse

- Among men with PTSD, alcohol abuse or dependence is the most common co-occurring disorder, followed by depression, other anxiety disorders, conduct disorder, and non-alcohol substance abuse or dependence.
- Among women with PTSD, rates of comorbid depression and other anxiety disorders are highest, followed by alcohol abuse and dependence.

(Jacobsen, Southwick, & Kosten, 2001); (Cottler et al., 2001; Kessler et al., 1995).

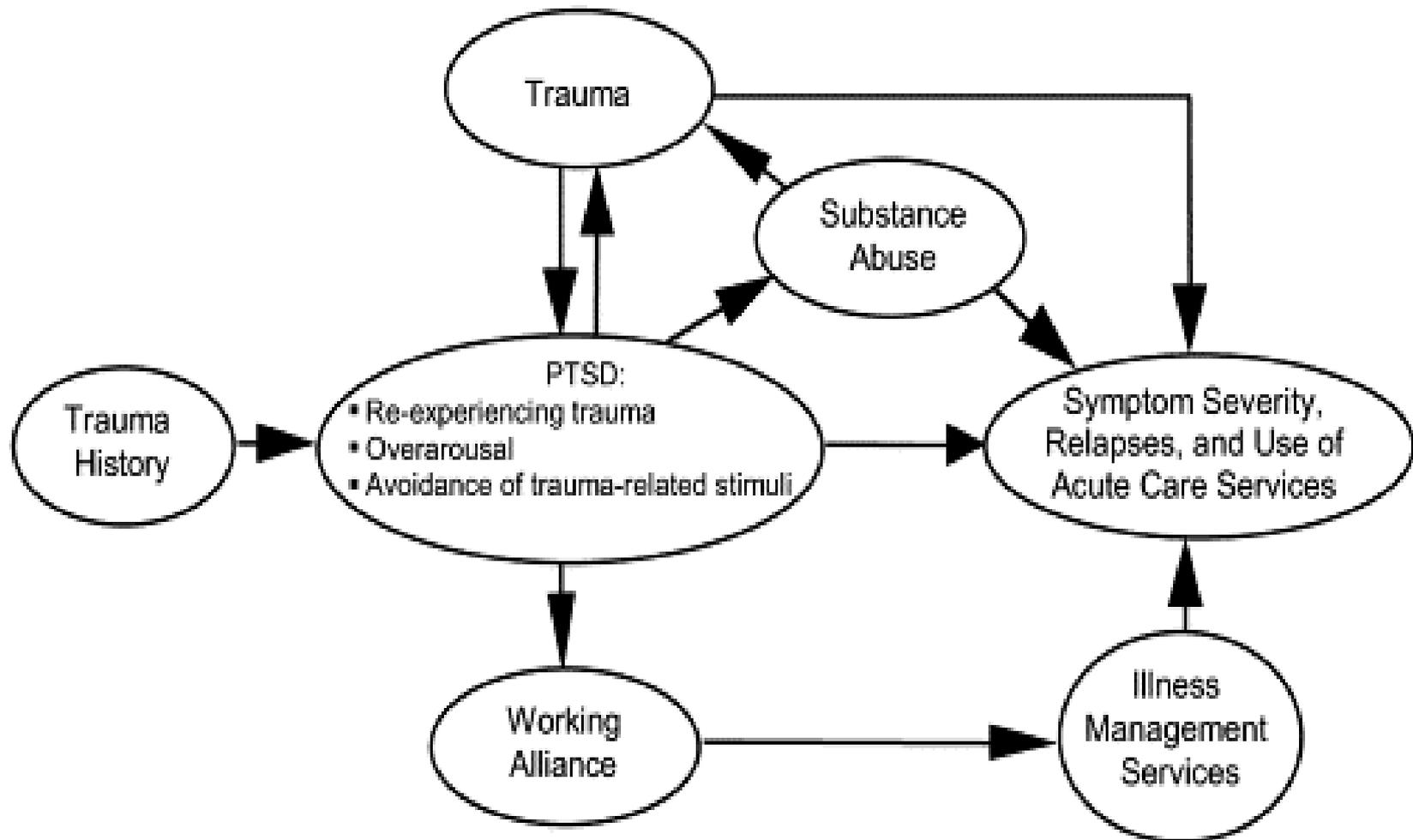
ACE STUDY

- Alcoholism and alcohol abuse
- Chronic obstructive pulmonary disease (COPD)
- Depression
- Fetal death
- Health-related quality of life
- Illicit drug use
- Ischemic heart disease (IHD)
- Liver disease
- Risk for intimate partner violence
- Sexually transmitted diseases (STDs)
- Smoking
- Suicide attempts
- Unintended pregnancies
- Early initiation of smoking
- Early initiation of sexual activity
- Adolescent pregnancy
- Multiple sexual partners

Why Are Drug and Alcohol Use Rates Elevated in People with Trauma and PTSD?

- **High-Risk Theory**
- **Self-Medication Theory**
- **Susceptibility Theory**
- **Shared Vulnerability Theory**

Interactive Model of Trauma, PTSD, and SMI (Mueser et al., 2002).



Symptoms of trauma and PTSD....



What does PTSD look like?

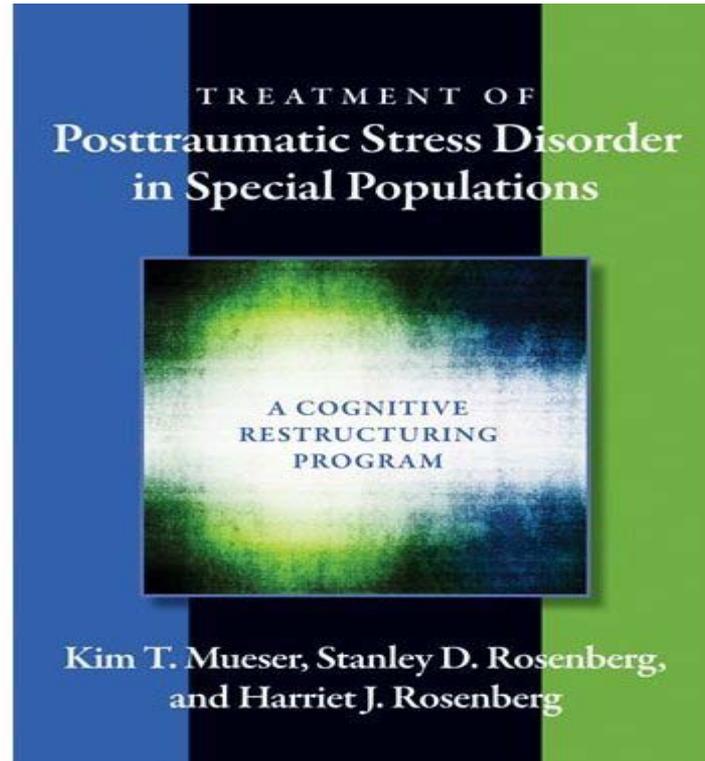
- No one clinical picture but not like it is shown on television/movies
- Can't stereotype, although it's done
- There are some "hallmarks"
 - Nightmares
 - Poor sleep
 - Anger
 - Numbness or sadness
 - Avoidance of groups

What can YOU do for your loved one?

- Learn about trauma and its effects;
- Get help and support for yourself;
- Encourage your loved one to get help, but do not pressure them;
- Possible classes for stress, anger management, addictions, etc.;
- Be supportive but don't allow PTSD to be used as an excuse
- Don't say "I understand"
- Be alert for risk issues

Trauma-Informed Care

“A program, organization, or system that is trauma-informed realizes the widespread impact of trauma and understands potential paths for healing; recognizes the signs and symptoms of trauma in staff, clients, and others involved with the system; and responds by fully integrating knowledge about trauma into policies, procedures, practices, and settings.” (SAMHSA, 2012, p.4)



Mueser, K.T., Rosenberg, S.D., Rosenberg, H.J. (2009). *Treatment of Posttraumatic Stress Disorder in Special Populations: A Cognitive Restructuring Program*. Washington, D.C., American Psychological Association.

Above all family members plan
an invaluable role
in helping the person
keep hope alive.

Change *is* possible!



Research

- The study was a 4-year randomized, controlled trial that compared the 12-16 week CBT for PTSD program with a brief (3-week) PTSD treatment program at 4 sites operated in New Jersey (New Brunswick or Newark), including 2 day treatment programs and 2 outpatient clinics. N=200- in review
- Mueser, K., Gottlieb, J., Xie, Lu, W., Yanos, Ph., Rosenberg, S., Silverstein S., Duva, S. (submitted). *What Does Cognitive Restructuring Add to Education and Breathing Retraining for PTSD in Severe Mental Illness?* *British Journal of Psychiatry*.
- Lu, W., Yanos, P.T., Silverstein, S. M., Rosenberg, S. D., Gottlieb, J. D., Duva, S. M., et al. (2013). Public mental health clients with severe mental illness and probable posttraumatic stress disorder: Trauma exposure and correlates of symptom severity. *Journal of Traumatic Stress*. 26, 266-273.
- Lu, W., Yanos, P. T., Gottlieb, J. D., Duva, S. M., Silverstein, S. M., Xie, H., Rosenberg, S. D., & Mueser, K. M. (2012). Use of fidelity assessments to train clinicians in CBT for PTSD program for clients with serious mental illness. *Psychiatric Services*, 63 (8), 785-792.
- Marcello, S., Lerro, K., & Mueser, K. (2009). Cognitive behavioral therapy and posttraumatic stress disorder in persons with psychotic disorders. *Clinical Case Studies*, 8 (6), (438-453).

Possible Resources

- The [National Suicide Prevention Lifeline](#)* is a 24-hour hotline for anyone in emotional distress: 1-800-273-TALK (8255). There is also an online [Lifeline Chat](#)* available from 5 pm to 1 am EST, weekdays.
- The [National Domestic Violence Hotline](#)* offers 24/7 anonymous access to shelters and domestic violence programs as well as legal advocacy, public education, and training: 1-800-799-SAFE (7233) or 1-800-787-3224 (TTY).
- The [National Sexual Assault Hotline](#)* operated by RAINN (Rape, Abuse & Incest National Network) is a 24/7 resource to link victims to counseling and legal advice: 1-800-656-HOPE (4673). There is also a [National Sexual Assault Online Hotline](#)* for messaging.
- The [National Child Abuse Hotline](#)* is a 24/7 resource you can contact if you suspect a child is being abused, if you fear you might hurt your child, or if you have been abused: 1-800-4-A-CHILD (422-4453).

Possible Resources

- Most US States have a [National 211](#)* referral line that connects people with important community services (employment, food pantries, housing, support groups, etc.). Dial 2-1-1.
- The [SIDRAN Institute](#)* is a nonprofit organization that helps people understand, recover from, and treat traumatic stress and offers a referral list of therapists for PTSD. You can contact the Help Desk via [email](#) or by leaving a confidential voicemail: 1-410-825-8888.
- The [National Alliance on Mental Illness \(NAMI\)](#)* offers a [Family-to-Family Education Program](#) for caregivers of people with severe mental illness. You can also [email](#) or call the Information Helpline: 1-800-950-NAMI (6264).