EFFECTIVENESS OF TRAUMA THERAPY IN TREATING ADDICTIONS

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OBJECTIVES

• Overview of trauma treatment protocols
• Effectiveness of trauma treatment within addictions
• Case Study of Cognitive Processing Therapy within Gambling treatment
Review of

TRAUMA TREATMENT

Shapiro’s book has 18 different categories of trauma treatment paradigms. She gives a brief explanation of each form and also lists those that work better for complex trauma cases.

The Trauma Center at Justice Resource Institute

http://traumacenter.org/

Provides research on different trauma modalities and training information about each.

United States Department of Veterans Affairs

http://www(ptsd.va.gov/

Also has research and training information for trauma treatment modalities.
PREPARATION

• How to choose which method of trauma treatment to use. Assess client’s:
  • Temperament
  • Culture
  • Attachment
  • Affect Regulation
  • Affect Tolerance
  • Level of Dissociation
  • Developmental history
  • Reassess while in process and adjust if necessary

Mindfulness

Helping one focus and to be present in the here and now.

• Meditation
  • Internally focused
  • External focus
  • Three things
  • Beauty awareness

• Martial Arts
  • Tai chi
  • Qigong
  • Aikido
  • Self-defense

• Yoga
Psychodynamic Therapies

• Focuses around the relationship between therapist and client

• Dyadic Developmental Psychotherapy
• Short-Term Dynamic Psychotherapy
• Accelerated Empathetic Therapy
• Accelerated Experiential-Dynamic Psychotherapy
Exposure Therapies

- Behavioral intervention where client’s confront their fears
- Prolonged Exposure
- Virtual Reality
- The Counting Method
Cognitive Behavior Therapy

The goal is to change a person’s thoughts and thus change their internal experiences to effect a change in their behavior.

Rational Emotive Behavior Therapy
Cognitive Therapy
David Grove’s method (this was given it’s own chapter, but appears to fit in this category)
Cognitive Processing Therapy
  https://cpt.musc.edu/
Stress Inoculation Therapy
Acceptance and Commitment Therapy
Dialectical Behavior Therapy
Eye Movement Desensitization and Reprocessing

- The goal is to help a person fully process an experience. If trauma is fully processed or “cleared” then a person can recall the traumatic event without experiencing any PTSD symptoms.

- Brainspotting and Observed Experiential Integration. Though the text separates this into it’s own chapter, it’s a form of EMDR therefore I’ve included it here.
Somatic Therapies

• The purpose in Somatic therapies is to help a person become aware of where the trauma is being held in their bodies. By becoming in tune to the physical reactions they can help the body move the trauma through and thus bring the client’s body and mind into a new sense of equilibrium.

• Somatic Experiencing
• Sensorimotor Psychotherapy
• Somatic Transformation
Hypnotherapy

• Hypnosis helps to create a state change and can in the best of circumstances eliminate symptoms in clients.

• Hypnosis is found in several other clinical modalities such as: ego state therapy, relaxation, and guided imagery.
Energy Psychology

• The goal is the decrease or eliminate hyper-arousal in response to the trauma by regulating the person’s energy fields or electrical signals.

• Acupuncture
• Thought – Field Therapy
• Emotional Freedom Technique
• Tapas Acupressure Technique
• Energy Medicine
Reenactment Protocol

- The goal is to allow the client a new image of the trauma. In this new image there is a sense of control, safety and efficacy to the memory. This protocol incorporates somatic therapy, hypnotherapy, BLS and imagery.
Trauma of Disrupted Attachment

- Attachment needs a variety of therapies to help overcome these issues:
  - Psychodynamic
  - Ego State Therapies
  - EMDR
  - Somatic psychotherapies
  - Skill building
  - DBT
Ego State Therapies

• The goal is to have dual awareness, a present mind, cohesiveness with all parts of the self.

• Internal Family Systems
• Life Span Integration
• Developmental Needs
• Imaginal Nurturing
Effectiveness of

TRAUMA THERAPIES
Effectiveness of Co-Occurring Treatment


• Dayton’s book focuses on the need to address both addiction and trauma simultaneously. She provides excellent information regarding education about trauma and it’s long term impact.

• Heffner, et al. note that women are at higher risk of relapse due to a history of past trauma than their male counterparts. Their study did not indicate these clients received any trauma treatment.
Effectiveness of Co-occurring treatment

• Hall and Henderson noted a case study wherein a woman with multiple treatment encounters for both alcohol and mental health enters into treatment. She attended IOP groups and after about a year of sobriety, she began and completed CPT treatment. She notes significant reduction in trauma symptoms and did not note any relapse on alcohol.

• Client reported:
  • ‘I am starting to feel feelings (not totally numb all the time)’
  • ‘I am starting to trust others more’
  • ‘I’m not always thinking about the abuse’(p.9)
Effectiveness of Co-Occurring Treatment

• Stephanie Covington a leader in addictions treatment notes the following outcomes of gender specific treatment for women with addictions and trauma:
  • 25% v 4% participated in aftercare programs
  • 29% v 48% were incarcerated at 6 month follow up

• Goals of gender responsive treatment:
  • Education about trauma
  • Validate responses
  • Enhance and teach coping skills
Effectiveness of Co-Occurring Treatment

- EMDR in conjunction with Addiction treatment:
  - Study shows 90% successful completion from drug court vs those who completed seeking safety program (31%).
  - Example of a case study whom had multiple inpatient treatment episodes and at most 4 months sobriety, completed 15 sessions of EMDR and reported 18 months sobriety at follow up.
  - Study of 10 female participants who engaged in both CD treatment and EMDR showed sobriety ranging from 1-6 years, with average of 3.6 years. Enhancing a client’s view of safety was one of the major themes.4

- New addiction protocol that is currently being researched: Feeling – State Addiction Protocol by Dr. Robert Miller (2011).5
CPT & Gambling

CASE EXAMPLE
BACKGROUND

• Mid 40’s Caucasian Female
• Divorced
• Two children – teenager and early 20’s
• Fairly stable childhood, stable employment history
• Presented with pathological gambling and significant financial strain
• Been in treatment 4 times (including current) never stayed longer than 3 months
• Big T trauma in adulthood
IMPACT STATEMENT

• The client is asked to write out HOW the trauma negatively impacted them in the areas of:
  • Safety
  • Trust
  • Power / Control
  • Esteem
  • Intimacy
• They also include why they think the trauma happened.
STUCK POINTS

• Throughout CPT, the client is constantly identify stuck points. Some may be negative beliefs a person had prior to the traumatic event and reinforced by the trauma or have been created as a result of the trauma. These stuck points hinder a person’s ability to fully process the trauma through.

• These stuck points are challenged throughout treatment.
  • Case study will be reviewed during presentation
TRAUMA NARRATIVES

• This is read during week 3 and 4 of CPT treatment. Goal is to help desensitize the client to the trauma, help them to identify their stuck points and to help them identify their relationship to thoughts and feelings.

• The person will write an account of the trauma and bring it back to the next session and read it aloud to the therapist. The client will then rewrite the narrative identifying any new information recalled and new connections they have made and again read it to the therapist in session.

  • Case study will be reviewed during presentation
Challenging Questions / Beliefs

• A variety of worksheets are assigned to specifically target the stuck points and to help a client ultimately change the beliefs about the trauma. This helps the client to fully process through the trauma and decrease or extinguish symptoms of trauma.
Impact on Gambling

- Within 2 months prior to entering treatment, she had lost $3000 due to gambling. She was gambling on a weekly basis and was behind on several bills.
- Over the year she was in treatment prior to addressing the trauma, she had over six months without gambling. She had about a 2 month binge.
- During CPT (From Feb – Sept), she only gambled a couple of times and less than $60 each time. She was able to pay off a few more debts.
- She didn’t relapse again until January when the anniversary of a death of a close loved one approached.
REFERENCES


