

1

BEFORE WE START

- This is a presentation about *trauma*
- Many of us have our own trauma related experiences
- This isn't therapy
- Let's avoid overt examples
- Take care of yourself

2

TODAY'S GOALS

- Deepen our understanding of trauma informed care
- Use this understanding to explore the connections between trauma and SUDs
- Along the way, identify some practical trauma informed strategies

3

Defining Trauma Informed

4

A FEW TERMS

Psychological trauma
An event or series of events resulting in emotional overwhelm and leading to a decreased sense of safety and maladaptive coping behaviors; *defined by the impacts, not the event(s)*

Trauma specific therapy
Counseling services that are intended to resolve trauma related impacts; provided by a master's level therapist with specialized post-graduate training and ongoing consultation

Trauma informed care
Services that aims to engage people with trauma histories, recognizes the presence of trauma impacts, and acknowledges the role trauma has played in their lives; ultimate goal is to *avoid retraumatizing clients*

5

FIVE ESSENTIALS OF T.I.C.


Keep learning
Continually expand your knowledge about trauma and its impacts

Foster safety
Create treatment spaces that are physically and emotionally low risk

Nurture trust
Focus on building trust and therapeutic alliance

Emphasize collaboration
Effective treatment happens *with* the client, not to the client

Facilitate connection
With self, others, and the world



6


WHY IT MATTERS

- 2/3rd of all Americans have had trauma exposure by age 16
- 1 in 4 females and 1 in 6 males have experienced sexual abuse by age 18
- Over 90% of CMH clients have histories of trauma exposure
- 70% of individuals in SUD treatment have histories of trauma exposure

7


WHICH CAME FIRST?

Trauma Exposure **Substance Use**



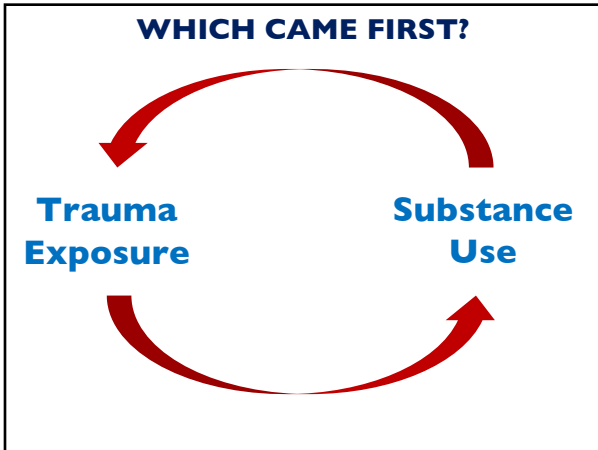
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WHICH CAME FIRST?



Trauma Exposure **Substance Use**

9



10



11

- ABOUT ORIGINS STORIES**
- What happened?
 - Trauma-specific therapists explore origin stories with clients *after* establishing alliance and building skills
 - Trauma-informed helpers understand that origin stories exist and are likely affecting client behavior
 - Most origin stories are much more nuanced than Bruce Wayne's

12

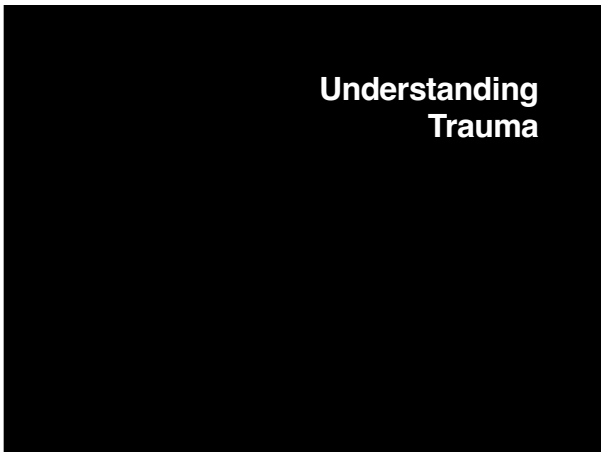


13

UNPACKING THIS METAPHOR

- Let's us talk about trauma without naming it
- Most clients will readily acknowledge their [bleep]
- Metaphors are powerful; so is humor
- You seem more human after 15 minutes of swearing
- Read the room

14



15

FOUR KEY POINTS

Defined by the impacts

Similar experiences can impact people in very different ways
Helps us shift from *what happened* to *what's happening*

Survivor vs. surviving

Survivor: Implies "it" is over
Surviving: Acknowledges ongoing impacts

Trauma leads to more trauma

Each exposure decreases *trauma tolerance*
Brain starts wiring *Surviving Mode behaviors*

Big T and Little T

Big T: A single extremely overwhelming experience
Little T: Multiple "smaller" experiences that accumulate overtime

16

TYPES OF TRAUMA

Acute

One-time experience that causes severe emotional distress

Chronic

Multiple traumatic events, not necessarily connected

Complex

Ongoing, interpersonal, known perpetrator, imbalance of power

Developmental

Complex trauma that impacts early developmental tasks

Intergenerational

Trauma impacts transmitted through generations

17

SHORT TERM IMPACTS

- Overwhelmed & helpless
- Emotional extremes
- Starting to engage in avoidance
- Can't process the experience
- Memory becomes fragmented

18



19

LONGER TERM IMPACTS

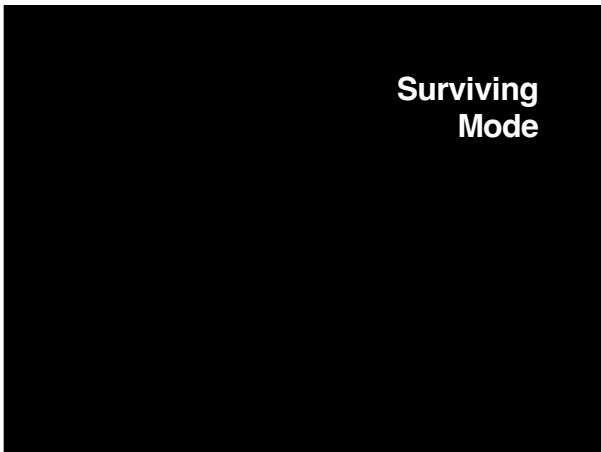
Hyper-arousal
Excessive vigilance, anxiety, sleep problems, trouble concentrating

Intrusion
Flashbacks, nightmares, unintentionally re-enact trauma

Constriction
Attempts to avoid intrusion, withdrawal from the world

Substance use is often an attempt to manage these impacts

20



21

DEFINITION
The use of maladaptive coping strategies to mitigate trauma impacts

EXAMPLES
Substance use
Behavioral addictions
Self-harm
Chaos making
Perpetual motion

Functional, but not effective

“When I’m high, I don’t think about the past and don’t worry about the future. For a little while, my brain shuts up and I can pretend everything is okay.”
Andrew, treatment journal

22

MY BRAIN SHUTS UP

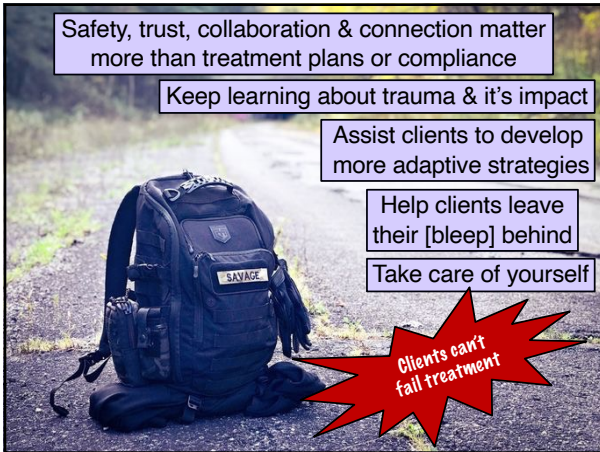
- Acknowledging the *function* of using isn’t the same as endorsing it
- Continued use is *not* resistance or non-compliance
- Don’t punish clients for engaging in Surviving Mode behaviors

IN SMALL GROUPS
Case Study: Andrew

23

Final Thoughts

24



25

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26
